



Your 2021 Voluntary

BENEFITS



RESPONSIBILITY | CHOICE | WELLNESS

This guide provides a summary of benefits available to Fulton County active employees and eligible dependents effective January 1, 2021, as well as laws, procedures, and regulations required to obtain and use such benefits. However, if inconsistencies occur between the contents of this enrollment guide and the contracts, rules, or laws regulating administration of the various programs, the program contract terms and/or appropriate legislation supersede this guide. In some instances, limitations and exclusions may apply.

If you have questions, please contact the benefit program's member service department or the Fulton County Employee Benefits Division by email (employeebenefits@fultoncountyga.gov).

MEMORANDUM

TO: All Eligible Fulton County Active Employees
FROM: Hakeem Oshikoya, Finance Director
DATE: September 1, 2020
RE: 2021 Active Employees Open Enrollment for Voluntary Benefits

This year's open enrollment period for Voluntary Benefits is September 21st – October 9th, 2020. Open enrollment is the period where eligible employees can review / elect / decline or make plan changes for plan year beginning January 1, 2021. Please review your benefit options and select the plans in which you and your dependents would like to enroll. The options that you choose for pre-tax plans will be effective January 1, 2021 and will remain in effect through December 31, 2021, unless you have a qualifying life event (marriage, child birth/adoption, divorce, etc). If you experience a qualifying life event and want to enroll one or more eligible dependent(s), you must do so within 31 days of the event. If you do not do so within this timeframe, the next time you can enroll your eligible dependents is during 2022 Open Enrollment, for coverage effective January 1, 2022.

VOLUNTARY BENEFITS PROGRAM

The Voluntary Benefits program is effective January 1, 2021 and is open to permanent and temporary employees. **The 2020 Voluntary Benefits group plan offerings replaced legacy plans offered prior to January 1st, 2020 through Aflac, Allstate, Boston Mutual, Colonial Life and Texas Life.** If you are currently enrolled in one of the legacy Life Insurance and Cancer Policies, you may continue your enrollment through payroll deduction. All other legacy plans are now direct pay through the respective carriers, if you elected to keep those plans.

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VOLUNTARY BENEFIT OPTIONS

Flexible Spending Accounts(FSA)

Eligible employees will have the following Flexible Spending Accounts (FSAs) available for 2021, all of which are administered by Ameriflex. Note that AFLAC Insurance handles the enrollment for flexible spending accounts (FSA's) on behalf Of Ameriflex. FSA contributions are deducted on a pre-tax basis.

- **Traditional Health Care Flexible Spending Account (HCFSA)** - This account covers eligible expenses for medical, dental and vision and is available to Anthem HMO, POS and Kaiser HMO Plan enrollees.
- **Limited Purpose Health Care Flexible Spending Account (LP-HCFSA)** — this account covers eligible expenses for dental and vision only and is available to Anthem Health Savings Account enrollees.
- **Dependent Care Flexible Spending Account (DCFSA).**

The Traditional and Limited Purpose HCFSA's let you set aside tax-free money to pay for certain health care expenses. The Dependent Care FSA lets you set aside tax-free money to pay for certain dependent day care expenses. Since you are using tax-free money to pay these expenses, you lower your federal income and Social Security taxes. This can offset the cost of many of your out-of-pocket health care expenses (such as copays, deductibles and coinsurance) and reduce what you spend from your wallet for caring for your children or other IRS-recognized dependents while you work.

- You can use the Traditional Health Care FSA to pay for your share of eligible medical, prescription drugs, dental and vision expenses—deductible, copays and coinsurance.
- You can use the Limited Purpose Health Care FSA to pay for your share of eligible dental and vision care expenses— deductible, copays and coinsurance. Medical and prescription drug expenses are not eligible for reimbursement through the LP-HCFSA.
- You can use the Dependent Care FSA to reimburse yourself, tax-free, for certain dependent day care expenses you incur because you (and your spouse, if you are married) work, or are looking for work.

Participation in the Traditional HCFSA, Limited Purpose-HCFSA and/or the DCFSA is not automatic. Each year, you must enroll/re-enroll to participate.

How the Accounts Work

- **The tax advantage.** Your FSA contributions are deducted from your pay before federal income and Social security taxes are paid. That lowers your taxable income, so you pay less federal income, Social Security and, in most states, state income tax.
- **Contributions.** For 2021, you can contribute up to \$2,750 a year to your Traditional HCFSA or LP-HCFSA, and up to \$5,000 a year to your DCFSA. (The IRS sets additional limits on your DCFSA contributions if you're married and your spouse has a DCFSA through his or her employer.) The amount you choose will be deducted from your pay and deposited into your account equally throughout the year. You deposit money into each account separately. You cannot transfer money between the accounts. Your deposits for the year can be used to pay eligible expenses you have between January 1 and December 31st.
- **\$550 Rollover—Traditional and Limited Purpose HCFSA.** Fulton County Flexible Spending Account Plan includes the \$550 rollover option, based on IRS Notice 2013-71. If you contribute to the Traditional or Limited Purpose Health Care FSA, up to \$550 remaining in your account at the end of each year (December 31) will roll over automatically to the following year. For example, if you contribute to the Traditional Health Care FSA in 2020, up to \$550 of money remaining in your account as of December 31, 2020 will roll over to your 2021 Traditional Health Care FSA. The new \$550 rollover provision does not affect the amount you can contribute to a Traditional or Limited Purpose HCFSA—you may still contribute up to the annual IRS maximum (\$2,750 for 2021).

NOTE: The Health Care FSA “run-out period” will still apply—that is, you will continue to have 90 days (through March 31 of the following year) to submit claims for reimbursement of eligible expenses you had in the previous year. For example, you have until March 31, 2021 to submit claims for eligible expense you had in 2020. At the end of the run-out period, your remaining balance, up to \$550, will roll over and be available for the following year. Any amount over \$550 will be forfeited.

If you now have more than \$550 in your Health Care FSA, you are encouraged to use that amount to pay for eligible services by December 31, 2020, to minimize or avoid forfeiting money in your account that exceeds \$550 after December 31, 2020.

- **Use it, or lose it—Dependent Care FSA.** If you contribute to a Dependent Care FSA and you have unused money in your account at the end of the plan year, you have until March 31 of the following year to file for reimbursement for expenses you incurred in the previous year. After that time, any remaining money will be forfeited (based on IRS rules).
- **Reimbursements.** The money you receive is tax-free — your money goes in tax-free and comes out the same way. You can reimburse yourself for eligible health care expenses in one of two ways: with your Ameriflex debit MasterCard, or by filing a claim. You can reimburse yourself for eligible dependent day care expenses by filing a claim. These are explained below.
 - **Use your Ameriflex Card**—a debit card MasterCard. This card allows you to access and manage your Health Care FSA funds with a single debit card. You can view your account balances, transactions, and claims information online, 24/7 through the Ameriflex portal_ <http://www.myameriflex.com/> . You will receive your Ameriflex debit card in the mail after you elect to contribute to a Traditional or Limited Purpose Health Care FSA. Whenever you make an eligible health care purchase or pay a health care provider, you can use it just like a debit card. Simply swipe the card at health care merchants that take MasterCard and the funds will be withdrawn directly from your account to pay for the purchase. So, there's no need to pay the expense out-of-pocket, file a claim form and wait for reimbursement.
 - **File a claim.** You can file the appropriate claim form (for health care expenses or dependent day care expenses, as applicable); along with copies of your receipts, with Ameriflex claim forms will be mailed to your home after you enroll.



To enroll in all Voluntary Products:

Virtually meet with a Benefit Counselor at:

<https://velocitybenefits.as.me/FultonCounty>

or

Enroll online at:

www.aflac.com/fulton

or

Call (877) 452-6118

*toll free number
for phone enrollments*

COMMUTER REIMBURSEMENT ACCOUNTS

The transit and parking Commuter Reimbursement Accounts allow you to use pre-tax dollars to pay for services from transit and parking providers so you can work.

You can contribute up to \$130 per month in commuting/transit expenses and up to \$250 in parking expenses. These limits are subject to IRS regulations and can change each year. Simply use your Ameriflex MasterCard debit card or submit your receipts with a claim form, and you will be reimbursed on a monthly basis from your account.

There is no “use it or lose it” rule or year-end forfeiture of unused balances as long as you are working; however, you must file for reimbursement within six months of the date of service. Unused funds in these accounts roll over each year. You can change your contribution rate any month. Transit and parking are separate accounts, and you cannot transfer money between them.

OTHER VOLUNTARY BENEFIT OPTIONS

The following voluntary insurance products may be available through Aflac, The Hartford and InfoArmor (All State).

- **The Hartford Short-Term Disability (STD).** Voluntary short-term disability coverage continues a portion of your income if you have a non-work-related illness or injury and you cannot work. Benefits begin after an elimination period. The plan pays a percentage of your base pay up to a maximum. This plan offers a number of coverage options, so you design a plan that best meets your needs. Premiums for this benefit are deducted on a post-tax basis.
- **AFLAC Accident Plan.** The plan covers a wide range of non-work injury- and accident-related expenses. Accident Plan benefits are paid to you in addition to any benefits you receive from your Fulton County medical plan. You can use any doctor or facility, and there are no deductibles to meet or copays. Premiums for this benefit are deducted on a pre-tax basis.
- **AFLAC Whole Life Insurance.** This life insurance coverage provides whole life insurance and an opportunity to build savings through a cash accumulation account. You can even take loans and partial withdrawals from the account (once the cash value has built up to certain limits). Premiums for this benefit are deducted on a post-tax basis. The Whole Life policy includes a Long Term Care Rider. The Long term Care rider provides financial coverage if Long Term Care is required. Premiums for this benefit are deducted on a post-tax basis.
- **The Hartford Critical Illness.** Under this plan, you select the amount of your benefit, up to certain limits. There are no deductibles and you’ll receive a cash benefit even if you have medical coverage. When you enroll, you may need to answer questions to determine the maximum benefit you can elect. You’ll be notified if you are approved for coverage and how much coverage will be issued. Premiums for this benefit are deducted on a pre-tax basis.
- **The Hartford Hospital Indemnity.** This plan provides cash benefits for each day you are confined in a hospital for a covered illness or injury. The Benefits help to safeguard against expenses that medical insurance may not cover. It is also designed to help employers fill in the financial gaps left by most of today’s high-deductible health plans. Premiums for this benefit are deducted on a pre-tax basis.
- **InfoArmor (All State) PrivacyArmor.** This plan provides an identity monitoring service that sends alerts at the first signs of fraud. The intelligence platform and monitoring capabilities detect, intercept, and restore the misuse of personal information that puts identities. Premiums for this benefit are deducted on a post-tax basis.

Employees may maintain your existing voluntary products through **Aflac, All State, Boston Mutual, Colonial Life and Texas Life** however, effective 01/01/2020, the premium for these products are direct billed to you. Fulton County no longer pays these via payroll deductions. ONLY if you are currently enrolled in Life Insurance and Cancer Policies with these carriers, you may continue your enrollment through payroll deduction.

VALUE ADDED SERVICES

Aflac Health Advocacy, Medical Bill Saver and Telemedicine Services

Need help with
healthcare?

We've got your lifeline.

Introducing Health Advocacy, Medical Bill Saver™ and Telemedicine services, now part of your Aflac plan.



We've enhanced your plan without adding cost.

Now, if you have Aflac Group Critical Illness, Group Accident or Group Hospital Indemnity plans, you also have access to three new services that make it easier to access care, reduce out-of-pocket medical expenses and navigate the healthcare system with greater ease:

- Get answers and expert help with Health Advocacy from Health Advocate.
- Let advocates negotiate your medical bills with Medical Bill Saver™, also from Health Advocate
- Connect with health providers via phone, app or online with MeMD.

These three services are now embedded in your group plan. Best of all, you can start using them as soon as your Aflac coverage starts.

Start using Health Advocacy and Medical Bill Saver™ from Health Advocate and Telemedicine from MeMD when your coverage begins.

Questions? Call 855-423-8585

DID YOU
KNOW?

You can also use Health Advocate's Health Advocacy and Medical Bill Saver™ services for your spouse, dependent children, parents and parents-in-law, while Telemedicine is available for you and your family.

VALUE ADDED SERVICES

Aflac Health Advocacy, Medical Bill Saver and Telemedicine Services Cont'd

Get more without spending more.



More than just peace of mind. Health Advocacy from Health Advocate



You have 24/7 access to Personal Health Advocates who start helping from the first call:

- Find doctors, dentists, specialists, hospitals and other providers
- Schedule appointments, treatments and tests
- Resolve benefits issues and coordinate benefits
- Assist with eldercare issues, Medicare and more
- Help transfer medical records, lab results and X-rays
- Work with insurance companies to obtain approvals and clarify coverage



More than just cash benefits. Medical Bill Saver™ from Health Advocate

Aflac already pays claims quickly. Now, with Medical Bill Saver™, Health Advocate professionals also help you negotiate medical bills not covered by health insurance:

- Just send in your medical and dental bills of \$400 or more
- They contact the provider to negotiate a discount
- Negotiations can lead to a reduction in out-of-pocket costs
- Once an agreement is made, the provider approves payment terms and conditions
- You get an easy-to-read personal Savings Result Statement, summarizing the outcome and payment terms



More than just care. Telemedicine from MeMD

You can quickly connect with board-certified, U.S. licensed health providers online for 24/7/365 access to medical care — fast:

- Create your account at www.MeMD.me/Aflac
- When you have a health issue, log on and request a provider consultation
- You can request consultations via webcam, app or phone
- Get ePrescriptions,* referrals and more
- Use it for a range of health issues, from allergies and colds to medication refills
- \$25.00 per visit!

CAIC's affiliation with the Value-Added Service providers is limited only to a marketing alliance, and CAIC and the Value-Added Service providers are not under any sort of mutual ownership, joint venture, or are otherwise related. CAIC makes no representations or warranties regarding the Value-Added Service Providers, and does not own or administer any of the products or services provided by the Value-Added Service Providers. Each Value-Added Service Provider offers its products and services subject to its own terms, limitations and exclusions. Value-Added Services are not available in Idaho or Minnesota. Value-Added Services are also not available with group plans underwritten by American Family Life Assurance Company of New York. State availability may vary.

Medical Bill Saver has restrictions for negotiations on in-network deductibles and co-insurance in Arizona, Colorado, District of Columbia, Illinois, Indiana, New Jersey, New York, North Carolina, Ohio, South Dakota, Texas, Utah and Vermont.

Telemedicine by MeMD

Due to Arkansas state regulations, insureds physically located in Arkansas at the time of a telemedicine session may only receive consultation services from physicians. Physicians are prohibited from providing diagnoses or prescribing drugs to persons located in Arkansas at the time of service.

*When medically necessary, MeMD providers can submit a prescription electronically for purchase and pick-up at your local pharmacy.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverages. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. For groups situated in California, group coverage is underwritten by Continental American Life Insurance Company. aflacgroupinsurance.com | 1.800.433.3036

Continental American Insurance Company | Columbia, South Carolina

VALUE ADDED SERVICES

Aflac Fraud Protection

Make sure your business stays your business

Stay secure with Fraud Protection, available through Aflac.



It happens everywhere, every day. One in every 16 people in the U.S. were victims of identity theft in 2016. It's no wonder that fraud is among the top concerns for working adults.* No one wants to go through the hassle, expense and time of dealing with fraud.

But you can protect yourself. Your employer and Aflac have teamed up to provide an easy way to reduce your risk of becoming the next victim — at no cost to you.

Fraud Protection is now available to you as part of your employer's benefits package.



FRAUD IS A REAL CONCERN. BUT NOW THERE'S A REAL SOLUTION.

-  SAFE, SECURE DIGITAL STORAGE OF PERSONAL INFO
-  EMAIL ALERTS
-  RECOVERY PROCESS FOR LOST/STOLEN WALLET, FRAUD OR ID THEFT
-  LIVE SUPPORT 24/7

VALUE ADDED SERVICES

Aflac Fraud Protection Cont'd

Fraud Protection gives you stronger peace of mind.

These services are automatically available to you when your coverage begins.

RESTORE



Certified Resolution Specialist

- Fully managed restoration services
- One-on-one dedicated care
- End2End Defense SM 32-step recovery process
 - For lost/stolen wallet, breached data, fraud or ID theft
 - Designed to discover, isolate and prevent future fraud



24/7 LIVE SUPPORT

Expert assistance, whenever and wherever you need it

- 24/7 access to expert professionals who can help you if fraud or identity theft occurs

These services require registration and additional information before they're available for use:

SECURE



Online Identity Vault

- Secured digital storage for personal and account information, vital documents, images and other data
- Mobile app for on-the-go access to manage your identity
- Password Manager

Expert Protection Tips and Timely News

- Monthly activity reports via email detailing your account status and protection tips
- Breach alert emails to make you aware of recent breaches and scams



MONITOR

Internet Monitoring

- Fraud exposure report of your personal information on black market websites
- Daily monitoring for your personal information (stored in your Online Identity Vault)



Aflac's Fraud Protection is here for you.

When your coverage begins,
call: **866-826-8851** | visit: **aflac.ezshield.com**.

Available through Aflac, powered by EZShield.

Identity Theft Hit an All-Time High in 2016, USA Today.com, February 6, 2017.
CAIC's affiliation with the Value-Added Service providers is limited only to a marketing alliance, and CAIC and the Value-Added Service providers are not under any sort of mutual ownership, joint venture, or are otherwise related. CAIC makes no representations or warranties regarding the Value-Added Service providers, and does not own or administer any of the products or services provided by the Value-Added Service providers. Each Value-Added Service provider offers its products and services subject to its own terms, limitations and exclusions. Value-Added Services are not available in Idaho or Minnesota. State availability may vary. Continental American Insurance Company, a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated.

aflacgroupinsurance.com | 1.800.433.3036

Continental American Insurance Company | Columbia, South Carolina

CONTACT INFORMATION – VOLUNTARY BENEFITS

Plan/Service	Administrator	Contact
Fulton County Benefit Office	N/A	404-612-7605 employeebenefits@fultoncountyga.gov
Flexible Spending Accounts	Ameriflex	888.868.3539 www.myameriflex.com
Accident Plan	AFLAC	800-433-3036 www.aflac.com/fulton
Whole Life Insurance	AFLAC	800-433-3036 www.aflac.com/fulton
Critical Illness Plan	The Hartford	For information regarding the plans: 678-886-9454 www.aflacatwork.com/fulton
Hospital Indemnity		To file a claim with the Hartford: 866-326-1380 theHartford.com/employeebenefits
Short-Term Disability		
Identity Theft Protection	InfoArmor (All State)	1-800-789-2720 infoarmor.com/fultoncounty

YO U R 2021 VOLUNTARY BEN EFITS

