



Your 2020 Employee **BENEFITS**



RESPONSIBILITY | CHOICE | WELLNESS

This guide provides a summary of benefits available to Fulton County active employees and eligible dependents effective January 1, 2020, 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 23, 2019
RE: 2020 Active Employees Open Enrollment for Core Health Benefits (Medical, Dental, Life & Vision)

The Fulton County Finance Benefits team is looking forward to another Healthy, Happy Year! This year's open enrollment will be held from September 23 – October 18, 2019. Open enrollment is the period where you can elect, decline or make plan changes for plan year beginning January 1, 2020. The plan options that you choose will be effective January 1, 2020 and will remain in effect through December 31, 2020, unless you have a qualifying life event change (example include: 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 2020 Open Enrollment, for coverage effective January 1, 2021.

WHAT'S NEW FOR 2020?

The Board of Commissioners approved the Health Premium Rates and Plans for plan year beginning 1/1/ 2020.

MEDICAL

- Anthem (ANTHEM BCBS) will offer a new HMO Plan.
- Rates for the Anthem (ANTHEM BCBS) HSA and POS Plans are increasing by 17.2 %. Rates for the Kaiser HMO are increasing by 9%.
- Anthem (ANTHEM BCBS) Act Wise will replace Health Equity as the HSA Account Administrator.
- IngenioRX replaced Express Scripts as the Pharmacy Benefits Partner for all Anthem (ANTHEM BCBS) Plans effective 7/1/2019.
- The requirements to Earn/Keep the \$240 Annual Wellness Credit remain the same as 2019.
- All Employees who enroll in Medical Coverage for 2020 must complete the Tobacco-Use Attestation online in ESS during Open Enrollment to avoid the \$50 Monthly Tobacco-Use Surcharge via payroll deduction.

DENTAL

- Aetna Dental HMO Rates - 2%- 3% decrease.
- Aetna Dental PPO Rates - 0.2% - 0.5% decrease.

VISION

- Eye Med Vision PPO - 0.7% decrease.

LIFE

- MetLife Insurance will replace Hartford Insurance as the provider for Life Insurance and Long-Term Disability. This includes policies for Basic & AD&D, Dependent and Supplemental Term Life Insurance Plans. For 2020, employees can purchase Supplemental Life Coverage up to **\$300,000** in multiples of \$25,000 **without** proof of good health. Review page 19 to learn more and page 20 for a list of NEW benefit enhancements provided by MetLife to employees at no additional cost.

Online enrollment is mandatory through the County's Employee Self Service (ESS) system. **You must know your 10 digit Employee ID number to access ESS. Login to ESS today!** Visit <https://ess.fultoncountyga.gov/webapp/ESSAPROD/ESS>. For Assistance with password reset, contact the Information Technology Department Help Desk at (404) 612-7334 or email technical.support@fultoncountyga.gov.

We're committed to giving you the resources you need to make informed benefit choices for 2020. Be sure to attend an **Open Enrollment Meeting** to learn about the plan offerings/changes and attend an **ESS Navigation Session** to obtain help with ESS Online Enrollment. Visit the Benefits Page on Employee Central at <http://employeecentral.co.fulton.ga.us/Benefits/SitePages/2019%20Open%20Enrollment.aspx> to learn more.

TABLE OF CONTENTS

About Your Personal Information	1
How to Use This Guide	1
CORE BENEFITS: MEDICAL DENTAL, VISION, BASIC LIFE	
Coverage Changes	1
Eligibility	2
Covering Family Members	2
Dependent Documentation Required	2
Terms to Know	3
Pre-Tax Benefits/Payroll Deductions	3
Important Reminders	4
Open Enrollment Meeting Schedule	5
ESS Navigation Sessions Schedule	5
2020 Medical, Dental, Vision and Life Premium Rates	6
Wellness Credit Requirements	7
Tobacco-Use Attestation Requirements	7
Biometric Screening Schedule	8
Medical Plan Options:	9-11
Medical and Pharmacy Plans Comparison	12-13
How to Locate an Anthem (BCBS) Doctor	14
It Pays to Choose Grady Health System Anthem (BCBS) Plans	15
Anthem (BCBS) Urgent Care vs Emergency Room	16-17
Dental Plan Options	18
Vision Plan	19
Life Insurance	19
MetLife Benefit Enhancements	20
The Employee Assistance Program (EAP)	21
Long-Term Disability	21
How To Set Up Your ESS Password Hint	22-23
How to Complete ESS Benefit Enrollment	24-30
Mobile Health App	31-32
Plan/Vendor Contact Information	33

ABOUT YOUR PERSONAL INFORMATION

Your personal data, including any non-public information Fulton County receives when enrolling you in Group Health Benefits, is protected in accordance with the Health Insurance Portability and Accountability Act (HIPAA). If you have questions about our HIPAA privacy and security policies and procedures, please contact the Benefits Office.

COVERAGE CHANGES

You may change your medical, dental, life and/or vision coverages for 2020 during the Annual Enrollment period. After Annual Enrollment ends, you can only make changes to your health benefits during the 2020 plan year only if you have an IRS-qualified status change/event, such as one of the following:

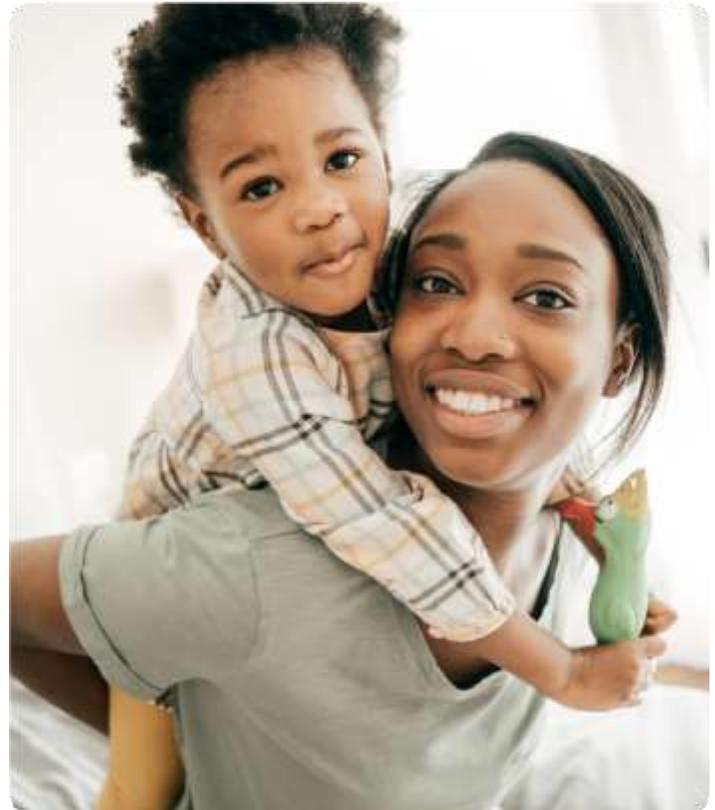
- Marriage, divorce, legal separation or death of a spouse
- Birth, adoption, placement for adoption, death or change in custody of a child
- A dependent reaching age 26 who, therefore, is no longer eligible for coverage as of the end of their birth month
- A change in your or your spouse's employment that affects your benefits eligibility
- Loss of other group medical coverage, if previously you did not elect coverage under this plan
- Receiving a court order, such as a Qualified Medical Child Support Order (QMCSO)
- Your child no longer meeting the eligibility requirements
- Eligibility for Medicare, Medicaid or CHIP (for you or your dependents)

The IRS requires that any mid-year change in your elections be consistent with your qualifying status change. In addition, you will be asked to provide proof of the qualifying event, such as a marriage license, or birth certificate to cover your dependents. If you have a qualified status change, you must notify the Fulton County Benefit Office at 404-612-7605 or employeebenefits@fultoncountyga.gov within 31 days of the change. Otherwise, you must wait until the next annual enrollment period to make changes to your elections. You can review a confirmation of your elections through ESS.

HOW TO USE THIS GUIDE

This benefits guide provide information about the benefit plans available to you as a Fulton County employee. Inside, you will find a summary of key plan provisions to help you make informed benefits elections and understand how your plans work. Understanding how your plans work can give you the confidence to take control of your benefits.

Please review this guide thoroughly and read the directions for enrolling in your benefits before making your final selections. You are also encouraged to attend an Annual Enrollment meeting at a location near you. If you have questions about your benefits, please email employeebenefits@fultoncountyga.gov or call 404-612-7605.



ELIGIBILITY

You are eligible to enroll for core benefits (medical, dental, vision and life insurance) effective January 1, 2020 if you are a permanent Fulton County employee who work at least 50% of a scheduled work week. If you are eligible and you enroll for coverage, you can also enroll your eligible dependents.

Covering Family Members

If you enroll for benefits, you may also cover eligible family members in some plans, including your:

- Legal spouse (same or opposite sex)
- Children under age 26 (including natural children, adopted children and stepchildren)
- Dependent children of any age who are medically certified as disabled

While coverage normally ends on the last day of the month in which a dependent child reaches age 26, you can continue coverage for a handicapped dependent child. Children are considered handicapped when they are primarily dependent on you for financial support and maintenance because of a mental or physical condition that started before age 19. You must provide proof to the Employee Benefits Office that your child’s handicap began before the child reached age 19, and you must do so by October 18, 2019 so they can have coverage starting January 1, 2020. Coverage stays in force for as long as dependent coverage under the Plan continues and the child remains handicapped, as defined above.



Dependent Documentation Required

You must provide documentation (e.g., birth certificate, marriage certificate) for all eligible dependents you wish to enroll, to verify their dependent status. Below is a summary of required documentation.

If you don’t provide required documentation for a dependent you are adding to your coverage, the start date of their coverage will be delayed. Please email the applicable documentation to employeebenefits@fultoncountyga.gov.

Dependent	Required
Spouse (a husband or wife who is joined in marriage to an employee by a ceremony recognized by the laws of the State of Georgia)	Copy of your marriage certificate
Children under age 26, including natural, adopted, stepchildren, and those receiving court-ordered support, regardless of student status, marital status or residence	<p>Natural child: Birth certificate</p> <p>Adopted child: Placement papers signed by the court</p> <p>Stepchild: Birth certificate (showing parent-child relationship with your spouse); copy of marriage certificate</p> <p>Court-ordered child support: State affidavit; copy of signed court order requiring you to provide support for health coverage</p>
Child 26 years or older who is incapable of self-support due to mental or physical disability, and who has a permanent disability	Physician verification of permanent disability

Terms to Know

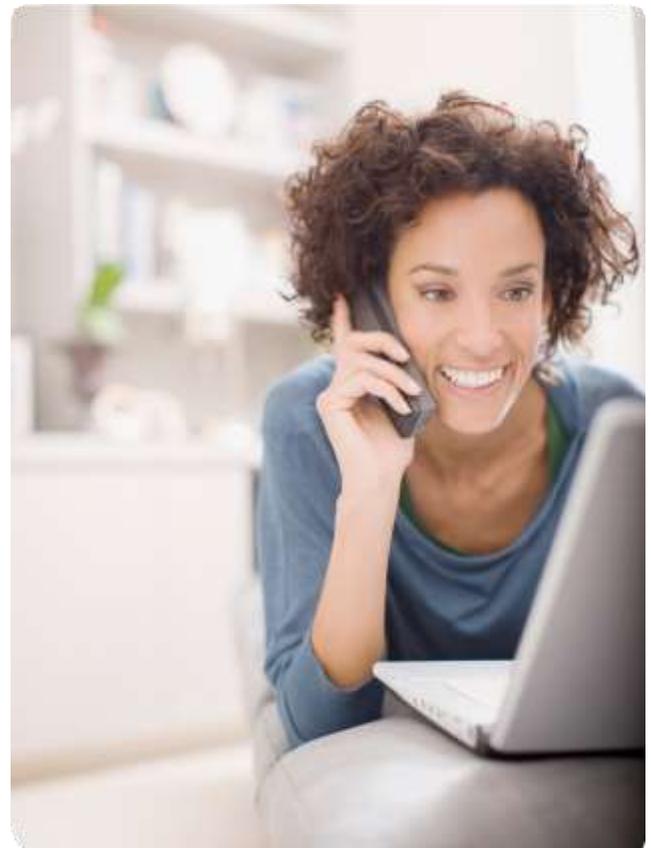
It's easiest to understand how your selected health care plan will work when you understand the terms most commonly used to explain your coverage. Here are terms to know and understand:

Annual Deductible	The amount of money you need to pay out of pocket before your insurance begins contributing money to your health care costs.
Copay	A predetermined dollar amount you pay for visits to the doctor, prescriptions, and other health care (as specified by your plan).
Coinsurance	The percentage you pay for the cost of covered health care services after you've met your deductible. For example, if the coinsurance under your plan is 20%, you would pay 20% of the cost of the service and your insurance would pay the remaining 80%.
In-Network Out-of-Pocket Maximum	The cap on your out-of-pocket costs for the plan year. Once you've reached this amount, your plan will cover 100% of your qualified medical expenses for the plan year.
Exclusions	Charges, services, or supplies that are not covered. A plan does not provide or pay for excluded items, nor do charges for them apply toward your deductible or out-of-pocket limit.
Reasonable and Customary Charge	This is the allowed amount for medically necessary services and supplies to which your coinsurance is applied. It is based on the amounts providers in a geographic area usually charge for the same or similar medical service. For out-of-network care, you pay any amounts over the Reasonable and Customary charge. You do not pay amounts over the Reasonable and Customary charge when you receive in-network care.
Pre-tax Deductions	Pre-tax deductions are taken out before taxes.
Post-tax Deductions	Post-tax deductions come out after taxes.

Pre-Tax Benefits/Payroll Deductions

Medical, basic life, dental and vision care benefits are offered to Fulton County employees on a pre-tax basis through payroll deductions. In some instances, the County will pay a portion of your benefits. Each bi-weekly pay period, the remaining portion will be deducted from your paycheck. The amount deducted from your paycheck will be based on the plan you choose and the coverage level you select (that is, Employee, Employee + 1, or Family).

The options that you choose for pre-tax plans will be effective January 1, 2020 and will remain in effect through December 31, 2020, 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 2020 Open Enrollment, for coverage effective January 1, 2020.



IMPORTANT REMINDERS

A new **Anthem BCBS HMO** is being added for 2020. All other plan options for medical, dental and vision will remain the same as 2019.

Four Medical Plan Options:

1. **The Consumer-Directed Health Plan with a Health Savings Account (HSA)**, administered by Anthem (BCBS). This is the “HSA Plan.”
2. **The NEW Open Access HMO Plan** administered by Anthem (BCBS). This is the “Anthem (BCBS) HMO Plan.”
3. **The Point-of-Service (POS) Plan**, administered by BCBS. This is the “POS Plan.”
4. **The Kaiser HMO Plan**, administered by Kaiser Permanente (Kaiser). This is the “Kaiser HMO Plan.”

To have medical, dental and vision coverage starting January 1, 2020, you must enroll online through ESS by the October 18, 2019 enrollment deadline. **If you fail to enroll, you and your current dependents will be defaulted to the Kaiser HMO Medical Plan for the 2020 plan year with no coverage for dental and vision.**

All employees **who enroll in medical coverage for 2020** must complete the **mandatory** Tobacco-Use Attestation in ESS during enrollment. Failure to complete by **October 18th** will result in a **\$50 monthly tobacco surcharge payroll deduction effective January 1, 2020.**

Two Dental Plans, offered through Aetna

1. **Dental HMO (DHMO) Plan - You must choose a Primary Care Dentist - For instructions, visit the Benefits Page on Employee Central.**
2. **Dental PPO (DPPO) Plan**
If you want dental coverage for 2020, you **must** elect coverage at Annual Enrollment.

Vision Coverage Remains the Same

The Vision PPO option, administered by EyeMed Vision care, will remain the same for 2020. However, if you want vision coverage for 2020, you must elect coverage at Annual Enrollment.

YOU MUST ENROLL!

Beginning September 23rd, you can enroll in coverage for medical, dental, life and vision benefits for coverage effective January 1st, 2020. **Online enrollment is mandatory through the County’s ESS system.** However, If you currently **waive** medical coverage, but are enrolled in the dental and vision plans, you will need to enroll through ESS to keep those plans. **If you currently waive all health plan options, you will continue as waived if you do not complete ESS enrollment.**

ESS Online Benefit Enrollment

You must know your 10-digit Employee ID Number and Password to access ESS. Most employee can obtain their Employee ID # when they login to Kronos. Employees can also request their Employee ID number from their Department HR Liaison.

If you have not set-up your three (3) password hint questions, please do so now. Setting up answers to your password hint questions will allow you to automatically reset your password by email.

Instructions on How to Set-Up Your ESS Password Hint and Complete the online enrollment are available at Visit <http://employeecentral.co.fulton.ga.us/Benefits/SitePages/2019%20Open%20Enrollment.aspx> . Login to ESS today, don’t wait until the last minute! Visit: <https://ess.fultoncountyga.gov/webapp/ESSAPROD/ESS>.

For assistance with password reset, contact the Information Technology Department Help Desk at 404.612.7334 or email technical.support@fultoncountyga.gov.



Attend an Annual Enrollment Meeting

Attend an Open Enrollment Meeting to learn more about Plan Offerings and Changes for Core Health Benefits (Medical, Dental, Life and Vision Insurance).

2019 OPEN ENROLLMENT MEETING SCHEDULE (CORE BENEFITS)

DATE	TIME	LOCATION
Wednesday, September 25, 2019	9:00 AM -12:00 PM 2:00 PM – 4:00 PM	Assembly Hall 141 Pryor Street SW. Atlanta, GA 30303
Wednesday, October 2, 2019	2:00 PM – 5:00 PM	Juvenile Justice Center - Room 1132-33 395 Pryor St. SW. Atlanta, GA 30312
Thursday, October 3, 2019	9:00 AM – 3:00 PM	Water Resources Operations Center 11575 Maxwell Rd, Suite 100, Alpharetta, GA 30009
Tuesday, October 8, 2019	6:45AM and 2:45 PM	Sheriff – Jail 901 Rice Street, Atlanta, GA 30318
Wednesday, October 9, 2019	9:00 AM – 12:00 PM 2:00 PM -4:00 PM	Assembly Hall 141 Pryor Street SW. Atlanta, GA 30303
Thursday, October 10, 2019	12:00 PM – 3:00 PM	Clerk of Superior Court 136 Pryor Street, Suite C-513, 5 th Fl. Training Room Atlanta, GA 30303
Friday, October 11, 2019	2:00 PM – 5:00 PM	Juvenile Justice Center Room 1132-33 395 Pryor St. SW. Atlanta, GA 30312
Tuesday, October 15, 2019	10:45 PM	Sheriff – Jail 901 Rice Street, Atlanta, GA 30318
Tuesday, October 15, 2019	10:00 AM – 1:00 PM	South Service Center 5600 Stonewall Tell Road, College Park 30349
Wednesday, October 16, 2019	9:00 AM – 3:00 PM	Aviation Community Cultural Center 3900 Aviation Circle NW, Atlanta, GA 30336
Thursday, October 17, 2019	12:00 PM – 3:00 PM	North Service Center Auditorium 7741 Roswell Rd, Atlanta, GA 30350

Attend an ESS Navigation ‘Help’ Session

Attend an ESS Navigation ‘Help’ Session for step by step assistance with the ESS online enrollment process. It is important that you know your 10-digit Employee ID Number and Password to access ESS before attending the Navigation Session. See Meeting Schedule below:

DATE	TIME	LOCATION
Tuesday, September 24, 2019	9:00 a.m. – 3:00 p.m.	CJIS Training Room, 160 Pryor St, Atlanta, GA 30303
Thursday, September 26, 2019	9:00 a.m. – 3:00 p.m.	CJIS Training Room, 160 Pryor St, Atlanta, GA 30303
Tuesday, October 1, 2019	9:00 a.m. – 3:00 p.m.	CJIS Training Room, 160 Pryor St, Atlanta, GA 30303
Monday, October 7, 2019	9:00 a.m. – 3:00 p.m.	CJIS Training Room, 160 Pryor St, Atlanta, GA 30303
Wednesday, October 9, 2019	9:00 a.m. -- 3:00 p.m.	CJIS Training Room, 160 Pryor St, Atlanta, GA 30303
Tuesday, October 15, 2019	9:00 a.m. – 3:00 p.m.	CJIS Training Room, 160 Pryor St, Atlanta, GA 30303
ESS NAVIGATION SESSIONS - 141 PRYOR STREET SW, ATLANTA, GA 30303		
Wednesday, September 25, 2019	9:00 a.m. – 3:00 p.m.	Personnel Department, Computer Lab Suite 3029
Wednesday, October 2, 2019	9:00 a.m. – 3:00 p.m.	Personnel Department, Computer Lab Suite 3029
Wednesday, October 9, 2019	9:00 a.m. -- 3:00 p.m.	CJIS Training Room, 160 Pryor St, Atlanta, GA 30303
Tuesday, October 15, 2019	9:00 a.m. – 3:00 p.m.	CJIS Training Room, 160 Pryor St, Atlanta, GA 30303

(WATCH FULCO NEWS OR VISIT THE BENEFITS PAGE ON EMPLOYEE CENTRAL FOR UPDATES)

FULTON COUNTY

2020 MEDICAL, DENTAL, VISION AND LIFE BI-WEEKLY PREMIUMS

Medical Premiums

2020	Bi-Weekly County Cost		Bi-Weekly Employee Cost		Cost Share Percentage	
	No Wellness	With Wellness	No Wellness	With Wellness	County	Employee
Anthem (BCBS) HSA						
Employee	\$264.94	\$274.94	\$66.24	\$56.24	80%	20%
Employee + 1	\$506.46	\$516.46	\$126.61	\$116.61	80%	20%
Family	\$660.26	\$670.26	\$165.07	\$155.07	80%	20%
Anthem (BCBS) POS						
Employee	\$317.04	\$327.04	\$105.68	\$95.68	75%	25%
Employee + 1	\$585.14	\$595.14	\$195.05	\$185.05	75%	25%
Family	\$793.98	\$803.98	\$264.66	\$254.66	75%	25%
Anthem (BCBS) HMO						
Employee	\$296.85	\$306.85	\$74.21	\$64.21	77.50%	22.50%
Employee + 1	\$547.88	\$557.88	\$136.97	\$126.97	77.50%	22.50%
Family	\$743.42	\$753.42	\$185.86	\$175.86	77.50%	22.50%
Kaiser HMO						
Employee	\$220.83	\$230.83	\$55.21	\$45.21	80%	20%
Employee + 1	\$422.15	\$432.15	\$105.54	\$95.54	80%	20%
Family	\$550.35	\$560.35	\$137.59	\$127.59	80%	20%

Dental Premiums

2020	Bi-Weekly County Cost		Bi-Weekly Employee Cost		Cost Share Percentage	
Aetna	Bi-Weekly County		Bi-Weekly Employee Cost		County	Employee
Dental PPO						
Employee	\$13.06		\$4.26		75%	25%
Employee +1	\$26.69		\$8.80		75%	25%
Family	\$34.98		\$11.57		75%	25%
Dental HMO						
Employee	\$ 6.50		\$1.90		75%	25%
Employee +1	\$12.67		\$3.88		75%	25%
Family	\$20.79		\$6.38		75%	25%

Vision Premiums

2020	Bi-Weekly County Cost		Bi-Weekly Employee		Cost Share Percentage	
Eye Med (PPO)	Bi-Weekly County Cost		Bi-Weekly Employee		County	Employee
Employee	\$4.21		\$ 3.00		58%	42%
Employee +1	\$ 4.21		\$ 3.00		58%	42%
Family	\$ 4.21		\$ 3.00		58%	42%

Basic & Dependent Life Insurance Premiums

MetLife	Bi-Weekly County Cost	Bi-Weekly Employee Cost	Cost Share Percentage	
			County	Employees
Basic Life & AD&D (50K)	\$2.36	\$0.79	75%	25%
Dependent Term Life (10K)	\$1.61	\$0.54	75%	25%

WELLNESS CREDIT REQUIREMENTS FOR 2020

Earn/Keep Your \$240 Annual Wellness Credit

You can reduce your 2020 premium under any of the medical plans by \$20 each month **by making an appointment to see your doctor BY Mid-December to get your biometrics. If you attended one of the County sponsored onsite biometric screening events, your biometric results were captured by the health vendor and will be reported to Fulton County at the appropriate time.**

You must complete the requirements set forth by the Medical Plan Provider Anthem (BCBS) or Kaiser) with which you are currently enrolled. All steps must be completed by December 31, 2019. Below are the instructions for current BCBS and Kaiser HMO Participants.

Current Anthem (BCBS) Participants

- Schedule your appointment between NOW and December 15 and, once your results are ready, your doctor can fax the completed Physician Form any time between now and December 31, 2019 to complete the requirement for earning your 2020 wellness credit!
- Visit <https://maximwellness.bioiq.com> to obtain your Physician Form, click Sign Up Now. Your customer code is **FultonCounty2019**. Be sure to provide an email address so you will get a confirmation of receipt.

All steps must be completed by December 31, 2019.

Current Kaiser HMO Participants

Complete the following two (2) steps prior to December 31, 2019 to earn/keep your \$240 wellness credit for 2020!

1. Accept wellness agreement:

Sign on to **kp.org/engage** to accept your wellness program agreement. Check “yes,” then click submit. If you check no, you will not receive the wellness credit.

Acceptance of the wellness agreement is required to receive the wellness credit.

2. Complete your biometric screening:

Complete your biometric screening at a Kaiser Permanente medical office or schedule an appointment with your physician.

All steps must be completed by December 31, 2019.

TOBACCO-USE ATTESTATION REQUIREMENT

All eligible active employees who enroll in medical coverage for 2020 must complete the Tobacco-Use Attestation online during ESS enrollment by October 18th to avoid a \$50 monthly tobacco-use surcharge.

Employees who fail to complete the Tobacco-Use Attestation online during ESS open enrollment will be assessed the \$50 monthly surcharge via payroll deduction effective January 1, 2020.

If you are a tobacco user and pledged during open enrollment to complete a tobacco-cessation program, you must complete the program through your Medical Provider (Anthem or Kaiser) by May 29, 2020 to avoid the \$50 monthly tobacco-use surcharge. You will receive the details on the cessation program by mail from your medical provider.

If you are a tobacco user and do not pledge to enroll in a tobacco-cessation program by **October 18, 2019**, you will be assessed the \$50 monthly tobacco-use surcharge effective the first paycheck in January 2020.

BIOMETRIC SCREENING

Take advantage of on-site biometric screenings in order to keep/earn your 2020 \$240 Wellness Credit.

Anthem BCBS and Kaiser Permanente will be at these locations on:

Government Center:

September 24, 2019 10:00am to 3:00pm at Government Center

Anthem BCBS: Rm #3029; KP: Rm #4056

October 1, 2019 10:00am to 3:00pm at Government Center

Anthem BCBS: Rm #3029; KP: Rm #4056

October 25, 2019 10:00am to 3:00pm at Government Center

Anthem BCBS members only: Rm #4056

November 5, 2019 10:00am to 3:00pm at Government Center

Anthem BCBS: Rm #3029; KP: Rm #4056

November 15, 2019 10:00am to 3:00pm at Government Center

KP members only: Rm #4056

Fulton County Jail:

October 25, 2019 10:00am to 3:00pm at Jail

Anthem BCBS members only: Compstat Room

November 22, 2019 10:00am to 3:00pm at Jail

KP members only: Parking Lot

North Service Center:

November 1, 2019 10:00am to 3:00pm at North Service Center

Anthem BCBS members only: Rm #232

November 13, 2019 10:00am to 2:30pm at North Service Center

KP members only: South Parking Lot

Juvenile Justice Center:

October 18, 2019 10:00am to 3:00pm at Juvenile Justice Center

Anthem BCBS members only: Rm #1132-33

November 19, 2019 10:00am to 3:00pm at Juvenile Justice Center

KP members only: Parking Lot

*Fasting is not required for any of the screenings.

Use your carrier's link to begin your registration process.

Anthem BCBS
<https://maximwellness.bioiq.com>
Code: **FultonCounty2019**

To access the Physician Form, you will need to create an account. Use Maxim's link above to start the process.

Kaiser Permanente
<https://kp.org/wellnessevent>
Code: **FULTON**

Email employeewellness@fultoncountygga.gov or call 404.613.7354 with questions.



MEDICAL PLAN OPTIONS

A new **Anthem (BCBS) HMO** is being added for 2020. All other plan options for medical, dental and vision will remain the same as 2019. **Four Medical Plans Options:**

- **The Consumer-Directed Health Plan (CDHP) with Health Savings Account (HSA)**, administered by Anthem BlueCross and BlueShield (BCBS). This is the “HSA Plan.”
- **The Point-of-Service (POS) Plan**, administered by BCBS of Georgia. This is the “POS” Plan.
- **A NEW HMO Plan**, administered by Anthem (BCBS). This is the “Anthem HMO Plan.”
- **An HMO Plan**, administered by Kaiser Permanente (Kaiser). This is the “HMO Plan.”

The HSA and POS Plans give you the flexibility to visit any provider in or out of the BCBS network. This means the plans pay benefits whether you receive care in-network or out-of-network. However, you pay less when you visit an in-network provider. That’s because in-network providers discount their charges.

Both the Kaiser and Anthem HMO Plans pay benefits only when you receive care from an HMO network provider. Otherwise, the plan **does not** pay benefits (except in case of emergency). Where Kaiser HMO members mostly access care at Kaiser facilities. Anthem has an HMO network of providers across the area. All three plans offer preventive care coverage, comprehensive coverage for a wide range of medical services and supplies, and a large network of providers (primary doctors, specialists and hospitals).

How the HSA Plan Works

- The HSA Plan is an IRS HSA-qualified Health Plan with a Health Savings Account. It uses the same Anthem (BCBS) network of providers as the POS Plan.
- You and the Plan share the cost of your care through your annual deductible and coinsurance.
 - Your annual deductible is the amount you pay before the Plan starts paying benefits.
 - Coinsurance is the percentage of covered charges you and the plan pay after you meet the annual deductible.
 - Once you reach the Plan’s out-of-pocket maximum, the Plan pays 100% of covered expenses for the rest of the plan year.

Preventive care and preventive medications (as described under the Affordable Care Act—the ACA) are covered 100% by the Plan with no deductible or coinsurance. **This means there is no cost to you** for specified preventive care and medicines.

Preventive care includes an annual routine physical exam, routine immunizations, and age- and gender- appropriate tests and screenings, such as mammograms and colonoscopies.

Preventive medications include select tobacco cessation generic prescription drugs and FDA- approved over-the-counter tobacco-cessation products. They also include contraceptives, including generic prescription contraceptive drugs, brand-name drugs with no generic alternative, and certain over-the-counter items.

- **When you enroll in the plan, a Health Savings Account will be set up in your name automatically.**

Your account will start with a balance provided by Fulton County. You can also contribute to your HSA via payroll deduction, up to 2020 IRS annual limits:

- \$2,800 Single Coverage (not including the County’s contribution of \$750)
- \$5,600 Family/Dependent Coverage (not including the County’s contribution \$1,500)
- \$1,000 Catch Up Contribution for ages 55+



You can use your HSA to help you meet the Plan’s deductible and pay other out-of-pocket covered medical expenses. The annual amount you receive in your HSA from Fulton County depends on the coverage level you choose—Single, Employee +1, or Family. Contributions to your account will be made quarterly and will occur on the 1st month beginning of each quarter on the 2nd payroll check of the month, as shown below.

Coverage Tier	Quarterly Contribution	Annual Total Contribution
Employee Only	\$187.50	\$750.00
Employee +1	\$375.00	\$1,500.00
Family	\$375.00	\$1,500.00

If you enroll in this Plan, you’ll receive a welcome kit and debit card from **Anthem Act Wise**, the HSA administrator. You can use the debit card to pay covered medical, dental, and vision expenses. This includes amounts you pay toward meeting your deductible, and for copays and coinsurance. Visit the Anthem Act Wise website to learn about covered expenses, how to use your Account, and how to track your Account transactions: <https://actwise.anthem.com>.

How the Anthem (BCBS) HMO Plan Works - NEW

Here are highlights of the NEW Anthem HMO Plan administered by Anthem BCBS.

- **The HMO Plan uses a unique provider network different from the HSA Plan.** Anthem has a broad network of providers across the area. If you are interested in the plan visit anthem.com/find-doctor to see the medical providers nearest you.
- **The plan pays benefits only when you receive care from an Anthem HMO network provider.** Otherwise, the plan does not pay benefits (except, in the case of emergency).
- **You and the Plan share the cost of your care only through copays**—there is no annual deductible or coinsurance.

Preventive care and preventive medications (as described under the Affordable Care Act—the ACA) are covered 100% by the Plan with no copay. This means there is no cost to you for specified preventive care and medicines. Preventive care includes an annual routine physical exam, routine immunizations, and age and gender appropriate tests and screenings, such as mammograms and colonoscopies.

Preventive medications include select tobacco

cessation generic prescription drugs and FDA-Approved over-the-counter tobacco cessation products. They also include contraceptives, including generic prescription contraceptive drugs, brand-name drugs with no generic alternative, and certain over-the-counter items.

How the Anthem (BCBS) POS Plan Works

Here are highlights of the POS Plan, administered by Anthem (BCBS).

- **The POS Plan has the same provider network as the HSA Plan.**
- **You and the Plan share the cost of your care through an annual deductible, copays, and coinsurance.**
 - Your annual deductible is the amount you pay before the Plan starts paying benefits.
 - A copay is a flat dollar amount you pay for a medical service such as an office visit, emergency room visit, etc.
 - Coinsurance is the percentage of a covered charge you and the plan pay after you meet the annual deductible.
 - Once you reach the Plan’s out-of-pocket maximum, the Plan pays 100% of covered expenses for the rest of the plan year.
- **Preventive care and preventive medications (as described under the Affordable Care Act—the ACA) are covered 100% by the Plan with no deductible or coinsurance.**

This means there is no cost to you for specified preventive care and medicines. Preventive care includes an annual routine physical exam, routine immunizations, and age- and gender- appropriate tests and screenings, such as mammograms and colonoscopies. Preventive medications include select tobacco cessation. Generic prescription drugs and FDA-approved over-the-counter tobacco cessation products. They also include contraceptives, including generic prescription contraceptive drugs, brand- name drugs with no generic alternative, and certain over-the-counter items.

How the Kaiser HMO Plan Works

Here are highlights of the HMO Plan, administered by Kaiser Permanente.

- The Kaiser Permanente HMO Plan has a “Care **Under One Roof**” health care model and different provider network than HSA and POS plans. Kaiser Permanente has 26 medical offices and more than 600 doctors throughout metro Atlanta and Athens. Most locations offer many services including pharmacy, lab test, specialty care, and X-ray, all under one roof. Kaiser Permanente offers three advanced care centers that provide 24/7 urgent care services, and a network of over 80 affiliated urgent care locations. Kaiser Permanente has partnered with several leading hospitals including Emory, Piedmont, Northside and Children’s Healthcare of Atlanta. For medical emergencies, you can access care at any hospital emergency room, even if it’s not affiliated with Kaiser Permanente. If you get hurt or sick while travelling, you are covered for urgent care and emergency care. If you’re interested in this plan for 2020, or for more information about the Kaiser Permanente plan option and to see the medical office locations nearest you, visit my.kp.org/Fulton.
- **The plan pays benefits only when you receive care from a Kaiser Permanente HMO network provider or partner provider.** Otherwise, the plan does not pay benefits (except, in the case of emergency).
- **You and the Plan share the cost of your care only through copays**—there is no annual deductible or coinsurance.
- **Preventive care and preventive medications (as described under the Affordable Care Act—the ACA) are covered 100% by the Plan with no copay.** This means there is no cost to you for specified preventive care and medicines. Preventive care includes an annual routine physical exam, routine immunizations, and age- and gender-appropriate tests and screenings, such as mammograms and colonoscopies. Preventive medications include select tobacco cessation generic prescription drugs and FDA-approved over the-counter tobacco cessation products. They also include contraceptives, including generic

prescription contraceptive drugs brand-name drugs with no generic alternative, and certain over-the-counter items.



2020 MEDICAL PLANS COMPARISON

	ANTHEM (ANTHEM BCBS) HSA PLAN*		ANTHEM (ANTHEM BCBS) POS PLAN*		NEW ANTHEM (ANTHEM BCBS) HMO & KAISER HMO PLAN
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
HSA Contribution	\$750 Retiree \$1,500 Retiree + 1 \$1,500 Family		Not Available		Not Available
Annual Deductible	\$1,500 Retiree \$3,000 Retiree + 1 \$3,000 Family	\$3,000 Retiree \$6,000 Retiree + 1 \$6,000 Family	\$500 Retiree \$750 Retiree + 1 \$1000 Family	\$1000 Retiree \$1,500 Retiree + 1 \$2,000 Family	No deductible
Annual Out-of-Pocket Maximum	\$3,000 Retiree \$6,000 Retiree + 1 \$6,000 Family	\$6,000 Retiree \$12,000 Retiree + 1 \$12,000 Family	\$2,000 Retiree \$3,000 Retiree+ 1 \$4,000 Family	\$4,000 Retiree \$6,000 Retiree + 1 \$8,000 Family	\$6,450 Retiree \$12,900 Family
Coinsurance	90%	60%	80%	60%	100%
Preventive Care	100%, no deductible	60% after deductible	100%, no deductible	60%	100%
Office Visit	90% after deductible	60% after deductible	\$30 PCP; \$50 SPC	60% after deductible	\$25 PCP; \$40 SPC
Hearing Aid Benefit	90% after deductible	60% after deductible	80% after deductible	60% after deductible	100%, up to \$2,000 annual maximum
Outpatient Lab & X-Ray	90% after deductible	60% after deductible	80% after deductible	60% after deductible	100%
Hospital Emergency Room	90% after deductible	90% after deductible	\$200 copay/visit (copay waived, if admitted)	\$200 copay/visit (copay waived, if admitted)	\$150 copay/visit (copay waived, if admitted)
Urgent Care	90% after deductible	60% after deductible	\$50 copay/visit	60% after deductible	\$50 copay/visit at designated facilities
Inpatient Hospital	90% after deductible	60% after deductible	80% after deductible	60% after deductible	\$250 copay/admission
Outpatient Hospital	90% after deductible	60% after deductible	80% after deductible	60% after deductible	\$150 copay/visit
Maternity Care					\$25 PCP/initial visit; \$35 OB/GYN/ initial visit; \$120 copay/admission
• Pre/Post Delivery Exams	90% after deductible	60% after deductible	80% after deductible	60% after deductible	
• Delivery					\$120 copay for professional fees/ doctor
Skilled Nursing Facility	90% after deductible	60% after deductible	80% after deductible	60% after deductible	100%, up to 120 days/year
Home Health Care	90% after deductible	60% after deductible	80% after deductible	60% after deductible	100%, up to 120 days/year
Mental Health Benefits					\$25 copay
• Outpatient	90% after deductible	60% after deductible	80% after deductible	60% after deductible	
• Inpatient					\$120 copay
• Intermediate/ Alternative Care					100%

**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 HSA Plan and use Grady Health System providers, services will be covered at 100%, after deductible.*

PREScription DRUG BENEFITS

	Anthem HSA Plan		Anthem POS Plan		NEW ANTHEM (ANTHEM BCBS) HMO & KAISER HMO PLAN
	In-Network	Out-of-Network	NEW ANTHEM (ANTHEM BCBS) HMO & KAISER HMO PLAN	Out-of-Network	In-Network Only
Retail (30-day supply)	90% after deductible	60% after deductible		60% after deductible	
• Generic			\$10 copay		\$10 copay
• Preferred Brand			\$35 copay		\$30 copay
• Non-Preferred Brand			\$60 copay		\$50 copay
• Specialty Brand			\$100 copay		\$75 copay
Mail Order (90-day supply)	90% after deductible	Not Available		Not Available	
• Generic			\$20 copay		\$20 copay
• Preferred Brand			\$60 copay		\$60 copay
• Non-Preferred Brand			\$100 copay		\$100 copay
• Specialty Brand			\$150 copay		\$150 copay

Prescription Drug Program for Anthem (BCBS) Medical Plans

Your drug plan is an important part of your health benefits, and we wanted to remind you that Ingenio Rx replaced Express Scripts as the Pharmacy Provider for all Anthem (ANTHEM BCBS) Medical Plans effective July 1, 2019.

Home Delivery

- IngenioRx Home Delivery Pharmacy is your new home delivery pharmacy. If it's time to refill your medication, go to anthem.com (select Pharmacy) or call the Pharmacy Member Services number at 1-833-270-6379.
- Check to see if your information is correct by visiting anthem.com (select Pharmacy) or by calling the Pharmacy Member Services number at 1-833-270-6379.
 - o Update your mailing address and phone number, if needed.
 - o Enter your correct payment information, credit card number or checking account information.
 - o Re-enroll for auto-refill, if you currently get your refills automatically.

Specialty Pharmacy

- Your Specialty Medications are filled through Ingenio Rx Specialty Pharmacy. You'll be able to manage your specialty prescriptions online at anthem.com (select Pharmacy) there are some exceptions and the Care Team can help you with those). Check to see if your information is correct by visiting anthem.com (select Pharmacy) or by calling the Care Team at 833-255-0645. Your IngenioRx Specialty Pharmacy Care Team will be available 24 hours a day/7 days a week.
 - o Update your mailing address and phone number, if needed.
 - o Enter your correct payment information, credit card number or checking account information.

HOW TO LOCATE ANTHEM (BCBS) “IN-NETWORK” DOCTOR



Looking for a doctor?

Finding one online is fast and easy

Here's what you need to do:

1. Go to [anthem.com/find-doctor](https://www.anthem.com/find-doctor).

2. Choose your search:

— **Search as a Member:** Use your member ID card number or log in with a user name and password.

1. Once you're logged in, the search will automatically include doctors and other providers in your plan.
2. Enter the search categories based on what you need and hit **Search**.
3. Your search results will appear.

— **Search as a Guest:** Scroll down to **Search as a Guest** and click **Search by Selecting a Plan or Network** to get started.

1. Select the best answers from each drop-down menu (*type of care and state*)
2. Select a plan/network (Blue Open Access **HMO**, Blue Open Access **POS** or Blue **HSA** Blue Open Access POS and hit **Continue**.
3. Select the best answers for the next set of fields and hit **Search**.
4. Your search results will appear.

IT PAYS TO CHOOSE GRADY HEALTH SYSTEM

BlueCross BlueShield of Georgia and health care provider Grady Health System together offer you access to high-quality health services at no cost to you when you need medical care. Retirees enrolled in the ANTHEM BCBS CDHP with Health Savings Account must first meet their deductible before the plan pays at 100%.

Grady is one of the largest public hospital systems in the Southeast and is a world- renowned teaching hospital. It's staffed with doctors from the 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 (BCBS) HMO, POS, Medicare HMO, Medicare Indemnity, or PPO Plus Plan, your care for the following is *fully paid* (that is, *there is no cost to you*) when received at a Grady facility. If you enroll in the BCBS HSA Plan and use Grady Health System providers, services will be covered at 100% after you meet the deductible.

Inpatient services, for hospitalizations, inpatient testing and other services

Outpatient services, for doctor visits, outpatient treatment and other services

Neighborhood health centers, for visits to Grady's neighborhood clinics.

Grady facilities you can use include the following. Visit <https://www.gradyhealth.org/locations/> for updates.

Asa G Yancey Health Center

1247 Donald Lee Hollowell Parkway, NW
Atlanta, GA 30318
404-616-2265
Hours: Monday - Friday 7:30 a.m. to 5:00 p.m.

Campcreek Comprehensive Care Center

3896 Princeton Lakes Way
Atlanta, GA 30331
404-489-4444
Hours: Mon - Fri 7:30 a.m. to 5:00 p.m. Sat 8:00 a.m. - Noon

East Point Health Center

1595 W. Cleveland Avenue
East Point, GA 30344
404-616-2886
Hours: Monday, Wednesday, Thursday, Friday
8:00 a.m. to 5:00 p.m.; Tuesday 8:00 a.m. to 7:00 p.m.

Grady Memorial Hospital 80 Jesse Hill Jr. Drive, SE

Atlanta, GA 30303
404-616-1000
Hours: 24 hours a day, seven days a week

Kirkwood Health Center

1863 Memorial Drive, SE
Atlanta, GA 30317
404-616-9304
Hours: Monday, Tuesday, Thursday, Friday 7:00 a.m. to
5:00 p.m.; Wednesday 10:00 a.m. to 7:00 p.m.

Brookhaven Health Center

2695 Buford Highway, NE, Suite 200
Atlanta, GA 30324
404-616-6999
Hours: Monday - Friday 8:00 a.m. to 5:00 p.m.

North DeKalb Health Center

3807 Clairmont Road, NE
Chamblee, GA 30341
404-616-0700
Hours: Monday, Tuesday, Wednesday, Friday 8:00 a.m. to
5:00 p.m.; Thursday 8:00 a.m. to 7:00 p.m.

North Fulton Health Center

7741 Roswell Road
Sandy Springs, GA 30350
404-612-2273
Hours: Monday - Friday 8:00 a.m. to 5:00 p.m.

Ponce De Leon Center

341 Ponce De Leon Avenue
Atlanta, GA 30308
404-616-2440
Hours: Monday - Friday 8:00 a.m. to 5:00 p.m.

Walk-in Center

56 Jesse Hill Jr Drive SE
Atlanta, GA 30303

ANTHEM (BCBS) URGENT CARE VS EMERGENCY ROOM



Skip the ER

When it's not an emergency, get quick care with these options

When you need care right away and your doctor isn't available, the emergency room (ER) might be your first choice. But did you know many ER visits are unnecessary? ERs aren't the best choice in every situation, especially when you can **save about \$1,100** by going somewhere else when it's not an emergency.^{1,2,3} And you probably won't have to wait as long.

Here's what to do when you need care fast



Step 1: Call your primary care doctor or 24/7 NurseLine

Your doctor can help you decide where to get care, whether it's a visit to his or her office, going to the ER or somewhere else. If your doctor isn't available, you can call the 24/7 NurseLine at the number on the back of your ID card to help you decide what to do.



Step 2: If it's not an emergency, choose one of these options to save you time and money

Depending on your needs, you've got these choices:

- **Retail health clinic** — Usually in a major pharmacy or retail store where you can get basic health care services from a health care professional.
- **Walk-in doctor's office** — No appointment is needed for routine care and common illnesses.
- **Urgent care center** — For conditions that need care right away such as stitches, lab tests or X-rays.
- **LiveHealth Online** — Have a video visit in minutes with a board-certified doctor 24/7 on your smartphone, tablet or computer with a webcam. No appointment is needed. Just go to livehealthonline.com or download the free app to register and get started.

These options are more convenient than the ER. They're often open at night and on weekends, so you don't have to wait to get treated.

If you're an HMO member, talk to your primary care doctor to understand your options for quick care. Your doctor can also help you find quick care centers in your plan.



When to head to the ER

When you think it's a true emergency, call **911** or go to the nearest ER.

Remember

If you go to the ER when it's **NOT** an emergency, you could be responsible for the full cost of treatment.



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See the other side for examples of when to go to the ER or if you should consider other options.

DENTAL PLAN OPTIONS

Fulton County offers dental coverage for you and your family. You have two dental plan options to choose from, as shown below. Aetna administers both plans.

- **Dental HMO Plan** (lower-cost dental plan option)
- **Comprehensive PPO Dental Plan** (your current dental plan option)

To have dental coverage starting January 1, 2020 you must enroll via ESS, even if you are enrolled now for dental coverage.

Aetna Dental HMO Plan

Under the Dental HMO Plan, **you and each enrolled family member choose a primary care dentist.** Your primary care dentist will treat you or refer you for care to other Aetna Dental HMO network providers. The Plan pays benefits for preventive, basic and major care when provided by or referred by your primary care dentist. (Orthodontia care is also covered—you don't need a referral for this category of care.) **Benefits are *not* paid for care received without a referral or from non-network dentists, except, in the case of emergency.** However, this plan has the following advantages when compared with the current Comprehensive Dental PPO Plan.

- Lower monthly premiums
- No deductibles
- No annual benefit maximum
- Generally, lower out-of-pocket expenses when you receive care.

Below is a summary of the two dental plans.

Plan	Dental HMO	Dental PPO
Deductible	None	\$50 Single Up to \$150 Family**
Preventive Services	100%	100% of reasonable and customary charges*
Basic Services	100%	85% of reasonable and customary charges*
Major Services	60%	50% of reasonable and customary charges*
Annual Benefit Maximum	None	\$1,500/person
Orthodontia Services	No referral required \$1,500 copay (for 2 years of treatment plus 2 years of follow up)	Deductible: \$50/person Lifetime maximum: \$1,500/person

* The normal amount charged by most dental providers in your geographic region, as determined by Aetna.



Aetna Comprehensive Dental PPO Plan

Under the Comprehensive Dental PPO Plan, you can receive benefits for care from in-network or out-of-network dentists. When you receive care from in-network dentists, you pay less. That's because in-network dentists discount their charges. When you receive care from an out-of-network dental provider, you are responsible for paying the difference in cost if your dentist charges more than Aetna's pre-approved network fees. Plus, you may be required to pay the entire cost of care at the time of treatment and submit a claim for reimbursement.

VISION PLAN

The Vision Plan is administered by EyeMed Vision Care. With EyeMed, you can receive vision care, lenses, frames and contact lenses from any provider. If you choose a network provider (including leading optical retailers such as LensCrafters®, Sears Optical and most Pearle Vision® locations), the plan pays greater benefits, as shown below.

To find a network provider, visit www.eyemedvisioncare.com or call 866-723-0596. If you elect vision coverage, you can enroll all your eligible dependents for the same cost as you pay for yourself only.

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

*Unused portion of the \$200 allowance can be used for future services during the plan year. You will receive a 20% discount at in-network providers on items not fully covered by the plan.

LIFE INSURANCE

Below is a summary of life insurance coverage that is administered by MetLife.

Basic Life and Accidental Death & Dismemberment (AD&D). Basic Life and Accidental Death & Dismemberment (AD&D) coverage is provided by the County. Your Basic Life benefit is \$50,000. You also receive \$50,000 in AD&D coverage. Plan benefits reduce to \$10,000 when you retire.

Spouse Term Life Insurance. You may

purchase \$10,000 of life insurance coverage for your spouse. Proof of good health is required.

- Dependent Term Life Insurance.** You may also elect \$10,000 of coverage for your dependent child (age 15 days to 26 years) on an after-tax basis. For dependent children from live birth to age 14 days, you may only elect \$100 of coverage. Dependent child coverage is not subject to evidence of insurability.

Optional Supplemental Term Life

You may purchase voluntary Supplemental Life insurance on an after-tax basis through MetLife if you want more coverage than your Basic Life and AD&D amount. For 2020, the supplemental life can be purchased up to **\$300,000** for employees in multiples of \$25,000, **without** proof of good health. Please note that after 2020, employees are who are already in the program can increase the first \$25,000 of Supplemental Life coverage “guaranteed issue.” This means you don’t have to provide proof of good health to be covered. However, if you choose an amount over \$25,000, proof of good health will be required. If you have no supplemental life at all after this enrollment, you will have to submit Evidence of Insurability for any amount. Note that this is a 100% employee paid benefit. See 2020 Premium Rates below:

Benefit Type	Benefit Amount	Total Bi-Weekly Premium (100% employee paid)
Employee Optional Supplemental Term Life Premium Rates	\$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	

Metlife Benefit Enhancements

The additional benefits below are provided to employees at no cost by Metlife. To access contact Metlife at 800-GETMET8 or visit www.metlife.com.

Funeral Assistance	Employees work with compassionate counselors that assist with personalizing funeral arrangements in a comforting environment.
Funeral Planning/Discounts	Access to the largest network of funeral homes and cemeteries to pre-plan with an advisor and receive discounts on funeral services.
Digital Legacy	Create your digital legacy with <i>MetLife Infinity</i> [®] by capturing and securing important documents like a deed or wills, as well as photos and videos
Grief Counseling	Employees can speak face to face with a licensed counselor to cope with a loss or major life change, or speak to a licensed counselor while in the comfort of home through the helpline.
Will Preparation	Work one on one with an attorney, in person or on the phone, to prepare or update a will, or access will preparation services online.
Estate Resolution Services	Employees or their beneficiaries can settle an estate with confidence, either one on one with an attorney or by phone.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Regardless of the medical plan option you choose—or even if you don't choose Fulton County medical plan coverage—you and your eligible family members will have access to the EAP program administered by BlueCross BlueShield of Georgia. The EAP provides free, confidential, short-term assistance and counseling designed to help individuals resolve a variety of personal concerns. There are no costs, fees or copays for the EAP, which provides:

- Toll-free telephone consultation, coaching and crisis stabilization with a licensed mental health professional.
- Up to eight free face-to-face counseling visits, available at convenient locations, to address personal and/or work-related problems including, but not limited to: stress, depression, anxiety, health and wellness.
- Legal services, which include a 30-minute consultation with an attorney (phone-based or face-to-face) at no charge, as well as a 25% discount off normal attorney fees if additional services are required.
- Financial services, which includes a 30-minute consultation with a Certified Public Accountant or Certified Financial Planner (phone-based or face-to-face) at no charge, as well as a 25% discount off normal attorney fees if additional services are required.
- Customized resources, referrals and information for childcare and parenting, senior and dependent adult care, education selection and preparation, health and wellness and customer education.
- Access to the Anthem BlueCross BlueShield website offering self-assessments and a library of valuable articles on mental health, stress management, work/life balance, relationships, substance abuse, emotional well-being, and legal and financial resources.

EAP services can be accessed 24 hours a day, seven days a week by calling 800-999-7222 or visiting www.AnthemEAP.com (password: Fulton).



LONG-TERM DISABILITY COVERAGE

Being without a source of income if you're ill or injured and can't work for an extended time is a threat to your family's financial security.

Our Long-Term Disability Plan administered by MetLife is designed to provide additional financial security to you and your family if you become disabled and unable to work. **This valuable coverage is provided by the County at no cost to you.** Coverage is automatic; enrollment is not necessary. Once your coverage is approved, the plan pays a portion of your pay when you can no longer work due to a non-work-related illness or injury that lasts more than 180 days. After a 180-day elimination period (the time you must wait before benefits are paid), you would be eligible for a monthly benefit, which is 60% of your base pay.

The maximum benefit amount is \$5,000. If you become disabled before reaching age 60, benefits may continue until age 65. If you become disabled at age 60 or older, the maximum benefit period varies. Your County benefits may be reduced by any income benefits from other sources.

Online Enrollment through Employee Self Service (ESS)

YOU MUST ENROLL ONLINE! ESS ENROLLMENT ENDS OCTOBER 18th

You **MUST** enroll online through the County’s Employee Self Service (ESS) system by October 18, 2019 to have coverage beginning 1/1/2020. You must know your 10-digit Employee ID Number and Password to access ESS. *Most employees can retrieve their Employee ID Number in Kronos when they log their time OR by contacting their Department HR Liaison.* **Login to ESS today - Don’t wait until the last minute!** Visit <https://ess.fultoncountyga.gov/webapp/ESSAPROD/ESS>.

If you have not set up your three (3) password hint questions, please do so now. Setting up answers to your password hint questions will allow you to automatically reset your password by email. Instructions on How to Set Up Your ESS Password Hint and Complete the online enrollment are enclosed. For assistance with password reset, contact the Information Technology Department Help Desk at 404.612.7334 or email technical.support@fultoncountyga.gov. Technical Support Center hours are Monday – Friday from 8:30 a.m. – 5:00 p.m.

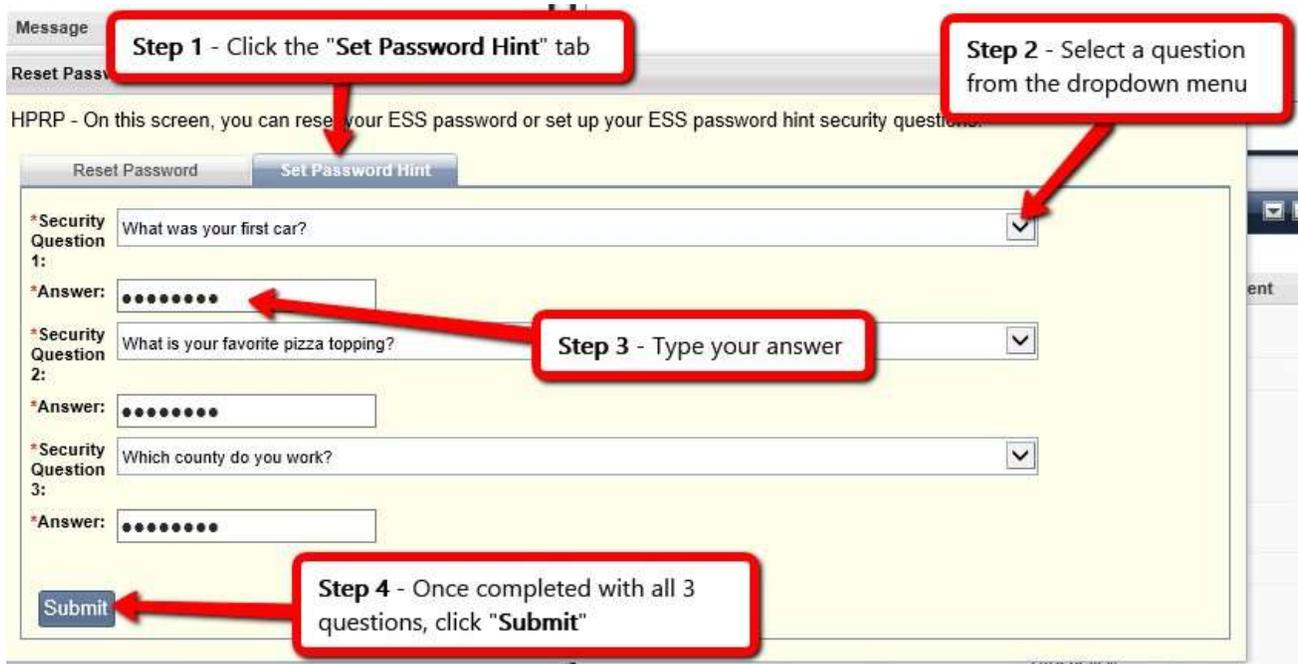
INSTRUCTIONS ON HOW TO SET UP YOUR ESS PASSWORD HINT

ESS (Employee Self Service): <https://ess.fultoncountyga.gov/webapp/ESSAPROD/ESS>

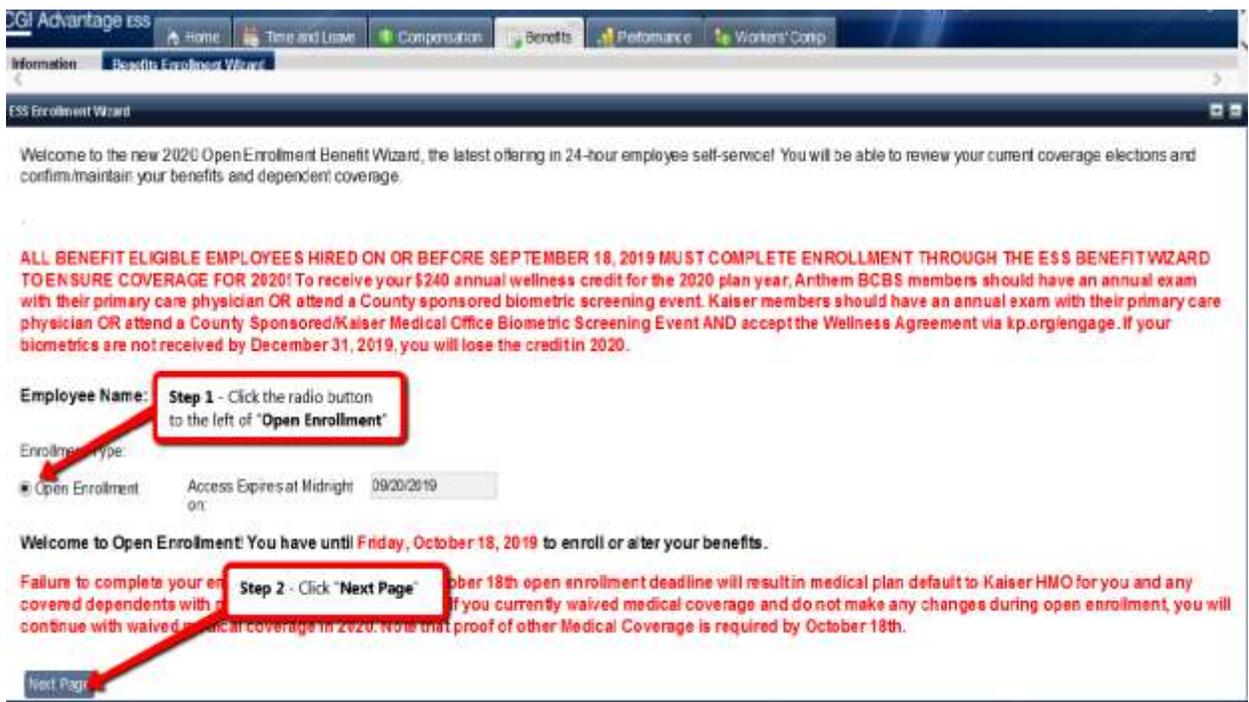


YOUR 2020 EMPLOYEE BENEFITS

INSTRUCTIONS ON HOW TO SET UP YOUR ESS PASSWORD HINT *continued*



INSTRUCTIONS ON HOW TO COMPLETE YOUR ESS BENEFIT ENROLLMENT ONLINE



YOUR 2020 EMPLOYEE BENEFITS

INSTRUCTIONS ON HOW TO COMPLETE YOUR ESS BENEFIT ENROLLMENT ONLINE *continued*

Welcome to the new 2020 Open Enrollment Benefit Wizard, the latest offering in 24-hour employee self-service! You will be able to review your current coverage elections and confirm/maintain your benefits and dependent coverage.

ALL BENEFIT ELIGIBLE EMPLOYEES HIRED ON OR BEFORE SEPTEMBER 18, 2019 MUST COMPLETE ENROLLMENT THROUGH THE ESS BENEFIT WIZARD TO ENSURE COVERAGE FOR 2020! To receive your \$240 annual wellness credit for the 2020 plan year, Anthem BCBS members should have an annual exam with their primary care physician OR attend a County sponsored biometric screening event. Kaiser members should have an annual exam with their primary care physician OR attend a County Sponsored/Kaiser Medical Office Biometric Screening Event AND accept the Wellness Agreement via kp.org/engage. If your biometrics are not received by December 31, 2019, you will lose the credit in 2020.

Employee Name: [REDACTED]

Enrollment Type:
 Open Enrollment Access Expires at Midnight 09/20/2019 on:

Welcome to Open Enrollment! You have until **Friday, October 18th**

Failure to complete your enrollment selections by the October 18th open enrollment deadline will result in medical plan default to Kaiser HMO for you and any covered dependents with no dental and vision coverage. If you currently waived medical coverage and do not make any changes during open enrollment, you will continue with waived medical coverage in 2020. Note that proof of other Medical Coverage is required by October 18th.

Next Page

Benefits - Medical

Please confirm the correct dependents are being covered for this benefit by selecting the Confirm or Modify Persons Covered

Current Enrollment: [REDACTED] US FAMILY

Dependent Name: [REDACTED]

Benefit	Coverage Level	Persons Covered	Summary
<input type="radio"/> ANTHEM/BCBS HMO PLAN	<input type="radio"/> Employee Plus Dependent		
<input type="radio"/> BCBS HEALTHSAVINGS ACCOUNT (HSA)	<input type="radio"/> Employee Plus Family		
<input type="radio"/> BCBS POINT OF SERVICE PLAN (POS)	<input type="radio"/> Employee only		
<input type="radio"/> KAISER HMO PLAN	<input type="radio"/> COVERED BY COUNTY SPOUSE		
<input type="radio"/> WAIVE HEALTH COVERAGE	<input type="radio"/> WAIVED COVERAGE		

Next Page > Exit

INSTRUCTIONS ON HOW TO COMPLETE YOUR ESS BENEFIT ENROLLMENT ONLINE *continued*

CGI Advantage ess

Home Time and Leave Compensation Benefits Performance Workers' Comp

Information Benefits Enrollment Wizard

ESS Enrollment Wizard

Benefits - Medical

Please confirm the correct dependents are being covered for this benefit by selecting the Confirm or Modify Persons Covered button.

Current Enrollment: KAISER HMO PLAN Coverage Level: EMPLOYEE PLUS FAMILY

Dependent Name(s):

Benefit	Coverage Level	Persons Covered	Summary
<input checked="" type="radio"/> ANTHEM BOBS HMO PLAN	<input type="radio"/> Employee Plus Dependent <input checked="" type="radio"/> Employee Plus Family	Confirm or Modify Persons Covered	Employee Cost \$185.86 Employer Cost \$743.42 Deduction Frequency Biweekly
<input type="radio"/> BOBS HEALTH SAVINGS ACCOUNT (HSA)	<input type="radio"/> Employee only		
<input type="radio"/> BOBS POINT OF SERVICE PLAN (POS)			
<input type="radio"/> KAISER HMO PLAN			
<input type="radio"/> WAIVE HEALTH COVERAGE			

Next Page > Exit

CGI Advantage ess

Home Time and Leave Compensation Benefits Performance Workers' Comp

Information Benefits Enrollment Wizard

ESS Enrollment Wizard

Benefits - Medical

Please confirm the correct dependents are being covered for this benefit by selecting the Confirm or Modify Persons Covered button.

Current Enrollment: KAISER HMO PLAN Coverage Level: EMPLOYEE PLUS FAMILY

Dependent Name(s):

Benefit	Person Covered	Relationship	Primary Care Physician	Primary Care Physician Look Up	Summary
<input checked="" type="radio"/> ANTHEM BOBS HMO PLAN	Add New Dependent				Employee Cost \$185.86 Employer Cost \$743.42 Deduction Frequency Biweekly
<input type="radio"/> BOBS HEALTH SAVINGS ACCOUNT (HSA)	Add Existing Dependent				
<input type="radio"/> BOBS POINT OF SERVICE PLAN (POS)					
<input type="radio"/> KAISER HMO PLAN					
<input type="radio"/> WAIVE HEALTH COVERAGE					

Please select the Remove button to remove persons covered by the benefit

Close

Next Page > Exit

YOUR 2020 EMPLOYEE BENEFITS

INSTRUCTIONS ON HOW TO COMPLETE YOUR ESS BENEFIT ENROLLMENT ONLINE *continued*

ESS Enrollment Wizard

Benefits - Medical

Please confirm the correct dependents are being covered for this benefit by selecting the Confirm or Modify Persons Covered button.

Add New Dependent

Current Beneficiary

Benefit: ANTHEM

Please add ELIGIBLE DEPENDENT below. If you do not have supporting documentation on hand, please save and exit, return when you have the missing required information before the enrollment period ends. Once ELIGIBLE DEPENDENT has been added and enrollment submitted, please provide supporting documentation to employeebenefits@hudsoncounty.gov before the enrollment period ends.

First Name: JOHN
Middle Name:
Last Name: DOE
Suffix: Optional
Birth Date: 01/01/2001
Gender: Male
Relationship: SON
Wedding Date:
Divorce/Separated Date:
Social Security Number: 123-45-6789
SNA Applied For:
Disabled:
Student:
Apply Changes Cancel Changes

Please Note: When adding a dependent, **ALL** dependents' social security numbers (requirement of the Presidential Healthcare Law), marriage certificate, birth certificate or confirmation of birth, must be provided to the Benefits Office by October 18th. Without the supporting documents, the process of adding your dependent(s) to coverage may be delayed or denied.

ESS Enrollment Wizard

Benefits - Medical

Please confirm the correct dependents are being covered for this benefit by selecting the Confirm or Modify Persons Covered button.

Current Beneficiary: JOHN DOE
Current Plan: EMPLOYEE PLAN

Benefit: ANTHEM
Coverage Level: Employee Plan Dependent
Please select the dependent to be enrolled and click "Add to Benefit"

Confirm or Modify Persons Covered

Add Existing Dependents

Please describe the dependent(s) you want to add to the benefit for coverage and click "Add to Benefit" button.

First Name	Middle Name	Last Name	Relationship
JOHN		DOE	SON

Add to Benefit Cancel

Confirm or Modify Person(s) Covered

Employee Name: [REDACTED]

Please select the Remove button to remove persons covered by the benefit

Person Covered	Relationship	Primary Care Physician	Primary Care Physician Look Up
JOHN DOE	SON		

Add New Dependent Add Existing Dependent Close

INSTRUCTIONS ON HOW TO COMPLETE YOUR ESS BENEFIT ENROLLMENT ONLINE *continued*

Benefits - Dental

Please confirm the correct dependents and coverage for each dependent.

Current Enrollment: DENTAL PO PLAN

Dependent Name(s):

Benefit	Coverage Level	Persons Covered	Summary
<input type="radio"/> DENTAL HMO PLAN	<input checked="" type="radio"/> Employee Plus Dependent	Confirm or Modify Persons Covered	Employee Cost: \$8.00
<input checked="" type="radio"/> DENTAL PO PLAN	<input type="radio"/> Employee Plus Family		Employer Cost: \$26.00
<input type="radio"/> WAIVE DENTAL COVERAGE	<input type="radio"/> Employee Only		Deduction Frequency: Bi-weekly

< Prior Page | Next Page > | Exit

Benefits - Vision

Please confirm the correct dependents and coverage for each dependent.

Current Enrollment: VISION PLAN

Dependent Name(s):

Benefit	Coverage Level	Persons Covered	Summary
<input checked="" type="radio"/> VISION PLAN	<input checked="" type="radio"/> EMPLOYEE VISION	Confirm or Modify Persons Covered	Employee Cost: \$3.00
<input type="radio"/> WAIVE VISION COVERAGE			Employee Cost: \$4.21
			Deduction Frequency: Bi-weekly

< Prior Page | Next Page > | Exit

Benefits - Life Insurance

Please select the life insurance plan(s) you want to enroll in. You may only select one.

Current Enrollment: LIFE INSURANCE BASIC TERM (LIFE BASIC EMPLOYEE ONLY 200,000)

Dependent Name(s):

Life Insurance Benefit	Coverage Level(s)	Confirm or Modify Action
<input checked="" type="checkbox"/> LIFE INSURANCE BASIC TERM	<input checked="" type="checkbox"/> BASIC LIFE	
<input type="checkbox"/> LIFE INSURANCE SUPP TERM	<input type="checkbox"/> 1 SUPPLEMENTAL LIFE EMPLOYEE ONLY 20,000	
<input type="checkbox"/> LIFE INSURANCE SUPP TERM	<input type="checkbox"/> 2 SUPPLEMENTAL LIFE EMPLOYEE ONLY 50,000	
<input type="checkbox"/> LIFE INSURANCE SUPP TERM	<input type="checkbox"/> 3 SUPPLEMENTAL LIFE EMPLOYEE ONLY 75,000	
<input type="checkbox"/> LIFE INSURANCE SUPP TERM	<input type="checkbox"/> 4 SUPPLEMENTAL LIFE EMPLOYEE ONLY 100,000	
<input type="checkbox"/> LIFE INSURANCE SUPP TERM	<input type="checkbox"/> 5 SUPPLEMENTAL LIFE EMPLOYEE ONLY 125,000	
<input type="checkbox"/> LIFE INSURANCE SUPP TERM	<input type="checkbox"/> 6 SUPPLEMENTAL LIFE EMPLOYEE ONLY 150,000	
<input type="checkbox"/> LIFE INSURANCE SUPP TERM	<input type="checkbox"/> 7 SUPPLEMENTAL LIFE EMPLOYEE ONLY 175,000	
<input type="checkbox"/> LIFE INSURANCE SUPP TERM	<input type="checkbox"/> 8 SUPPLEMENTAL LIFE EMPLOYEE ONLY 200,000	
<input type="checkbox"/> LIFE DEPENDENT	<input type="checkbox"/> DEPENDENT LIFE	

< Prior Page | Next Page > | Exit

Select **"BASIC LIFE"**
Note: BASIC LIFE is required for all Fulton County Employees, If you do not select BASIC LIFE, you will be automatically enrolled for 2020.
Also, when selecting BASIC LIFE, you will be prompted to complete the Tobacco Attestation portion of Open Enrollment.

If additional coverage is desired, please select from the list of SUPPLEMENTAL LIFE options.

IF DEPENDENT LIFE coverage is desired, please select DEPENDENT LIFE to elect coverage for new or existing dependents.

YOUR 2020 EMPLOYEE BENEFITS

INSTRUCTIONS ON HOW TO COMPLETE YOUR ESS BENEFIT ENROLLMENT ONLINE *continued*

Life Insurance Selections

Life Insurance Benefit - Employee Only
Basic Life coverage valued at \$50,000 is mandatory for all County employees. Even if you do not make a selection for Basic Life coverage, you will still be enrolled for that coverage.

MANDATORY - Tobacco-Use Attestation: You MUST complete your attestation below. You will NOT have another opportunity outside of the Benefits Enrollment Wizard to complete the Tobacco-Use Attestation. Please ensure that you complete the attestation before moving forward. Failure to complete by 11:59 PM on 01/31/2020 will result in a \$50 monthly surcharge added to your premium, beginning January 1, 2021. GLENN MELENDEZ

Tobacco/Nicotine Use: **Step 1** - From the dropdown, select the Tobacco/Nicotine Use option that pertains to you.

Coverage Amount: **Step 2** - Select the Coverage Amount

Deduction Frequency: **Step 3** - Click Calculate Cost

Employee Cost: \$ 0.00

Apply Changes **Step 4** - Click Apply Changes

Life Insurance Benefit

If you are requesting coverage for your self, coverage for your self will not be effective until EOI has been approved.

MetLife Insurance Company will contact individuals requiring approval.

Coverage Amount: **Step 1** - Select Coverage Amount.

First Name	Middle Name	Last Name	Relationship
<input type="checkbox"/>	JOHN	DOE	SON

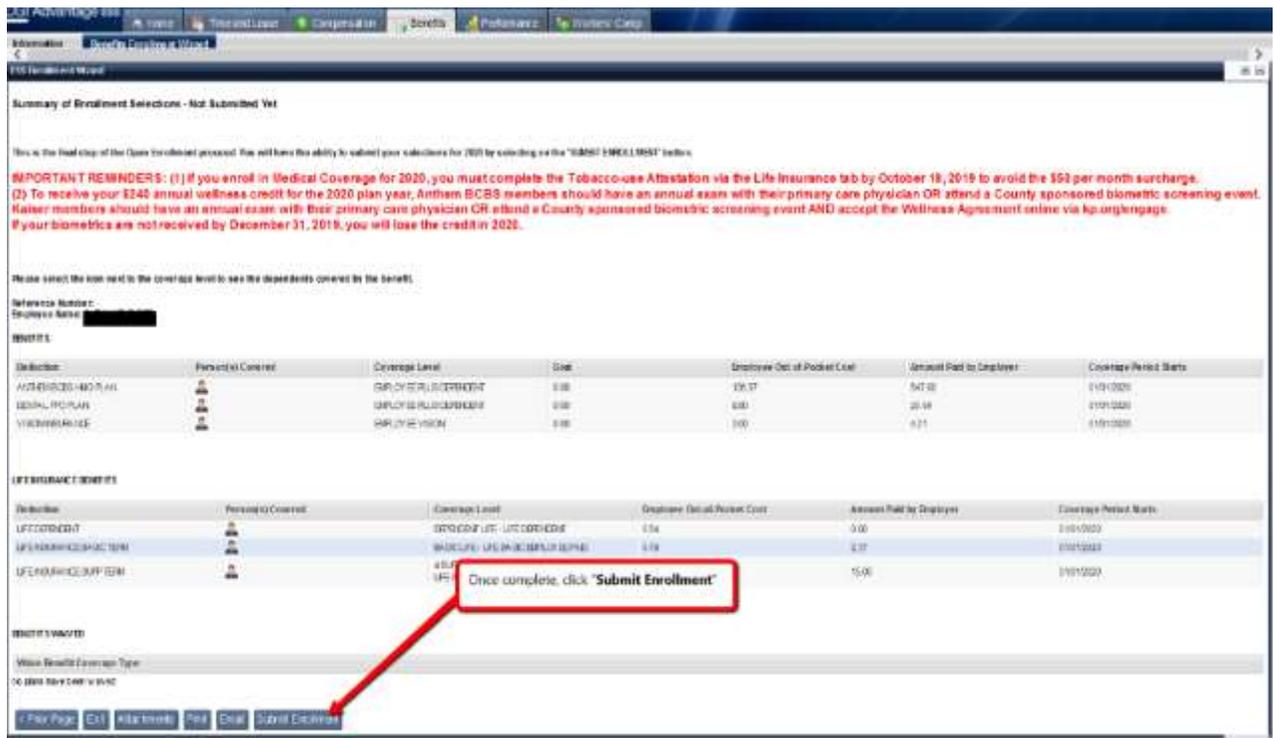
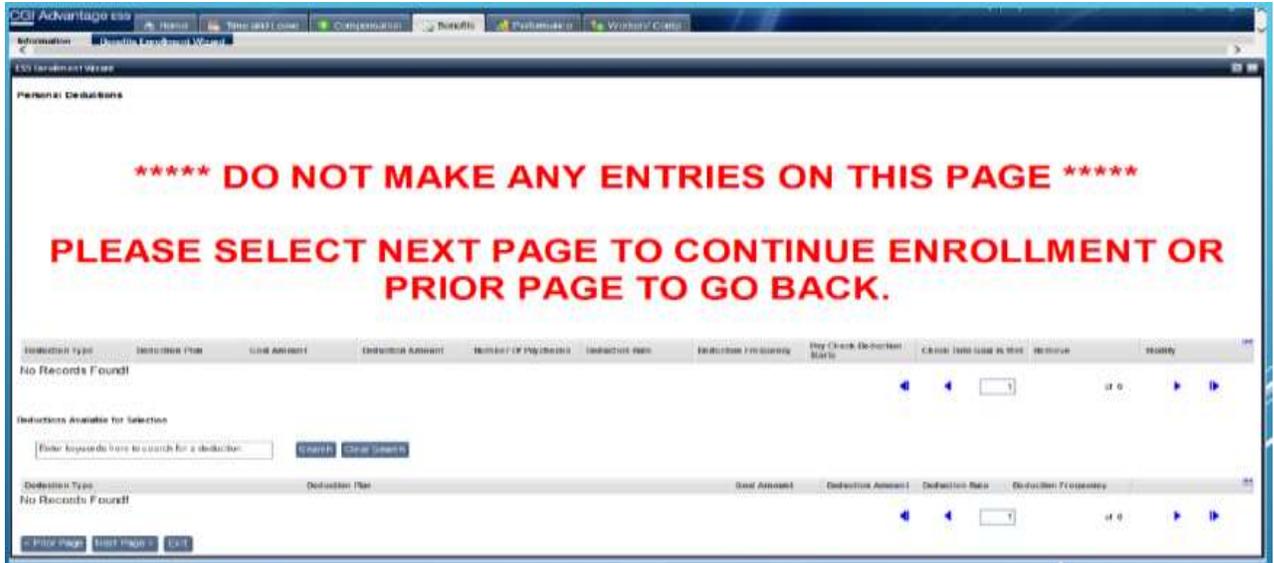
Step 2 - Select existing dependent or Add New Dependent

Deduction Frequency: Blw eekly

Calculate Cost

Employee Cost: \$ 0.00

Add New Dependent **Apply Changes** **Step 3** - Click Apply Changes **Cancel Changes**



NEED ASSISTANCE?

You must know your 10 digit employee ID number to access ESS. Most employees can retrieve their employee id# in Kronos within the **Name & ID** fields on the **TIME STAMP** page. Employees can also contact their Department HR Liaison.

IT ESS Support
For technical issues or help with your access including ESS password reset, contact the Technical Support Center at 404.612.7334 or email technical_support@fultoncountyga.gov. Technical Support Center hours are Monday - Friday from 8:30 a.m. to 5:00 p.m.

Benefits and Payroll Questions
For more information, contact the Employee Benefits Division at (404) 612-7605 or email employee_benefits@fultoncountyga.gov.

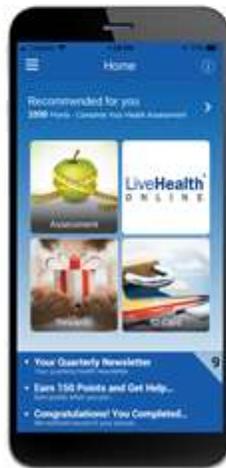
MOBILE HEALTH APP



IT'S YOUR
JOURNEY

Let's make it a great one! No matter where you are in your health journey, **Mobile Health Consumer** can assist you along with the way with tools and resources to live your healthiest, happiest life.

-YOUR RESOURCES: ALL IN ONE PLACE-



ACCESS BENEFIT PROGRAMS



FIND A PROVIDER, HOSPITAL, OR URGENT CARE



ACCESS MEDICAL ID CARDS & PLAN SUMMARIES



HEALTH SAVINGS ACCOUNT BALANCE



HEALTH EDUCATION & REMINDERS



EMPLOYEE COMMUNICATIONS



EARN REWARDS



Download Mobile Health Consumer

www.mobilehealthconsumer.com/web/pages/login.html



DOWNLOAD THE MOBILE HEALTH APP TODAY!



How to download the Mobile Health App

The Mobile Health Consumer App is available on



1 Search for "Mobile Health Consumer" and install the App 

2 Registration

Once downloaded, open the  App and select "Register Now"



3 *Enter your first and last name, the last four digits of your social security number and your birthdate. Hit "Next" * Your name must be entered as it appears on your medical id card



4

Mobile Health will give you a username. You can keep it or create your own.

5

Set your password and enter your email

6

Hit "OK" and login with your username and password

7



PLAN/VENDOR CONTACT INFORMATION

Plan/Service	Administrator	Contact
Fulton County Benefit Office	NA	404-612-7605 employeebenefits@fultoncountyga.gov
Anthem (BCBS) Medical Plans	Anthem (BlueCross and BlueShield of Georgia)	800-474-2227 anthem.com
Anthem (BCBS) Pre-Admission Certification and Referral Authorization	Anthem (BlueCross and BlueShield of Georgia)	800-662-9023
Anthem (BCBS) Prescription Drugs (Retail)	Anthem (BlueCross and BlueShield of Georgia)	800-474-2227 anthem.com
Ingenio Rx Prescription Drugs (Mail Order) (Anthem Plans) –Mail Order/Member Services	Ingenio Rx (Anthem)	833-270-6379 anthem.com
Specialty Pharmacy	Anthem (BlueCross and BlueShield of Georgia)	833-255-0645 anthem.com
Mental Health and Substance Abuse Care and Services	Anthem (BlueCross and BlueShield of Georgia)	800-292-2879 anthem.com
Employee Assistance Program	Anthem (BlueCross and BlueShield of Georgia)	800-999-7222 www.AnthemEAP.com (password: Fulton)
Kaiser HMO	Kaiser Permanente	404-239-6940 my.kp.org/Fulton
Health Savings Account (HSA Plan)	Anthem Act Wise	800-474-2227 https://actwise.anthem.com/
Dental	Aetna Dental	877-238-6200 www.aetna.com
Vision	Eye Med Vision Care	866-723-0513 www.eyemedvisioncare.com
Life Insurance	MetLife	800-GETMET8 www.metlife.com
Long-Term Disability	MetLife	800-GETMET8 www.metlife.com
Short-Term Disability	Hartford	866-326-1380 thehartford.com/employeebenefits
Accident Plan	AFLAC	800-992-3522 www.aflac.com
Whole Life Insurance	AFLAC	800-992-3522 www.aflac.com
Critical Illness Plan	Hartford	866-326-1380 thehartford.com/employeebenefits
Hospital Indemnity	Hartford	866-326-1380 thehartford.com/employeebenefits
Identity Theft Protection	InfoArmor	1-800-789-2720 infoarmor.com/fultoncounty

