



Voluntary Benefits



Your 2022 Voluntary BENEFITS



RESPONSIBILITY | CHOICE | WELLNESS

This guide provides a summary of benefits available to Fulton County active employees and eligible dependents effective January 1, 2022, 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).

YOUR 2022 EMPLOYEE BENEFITS

MEMORANDUM

TO: All Eligible Fulton County Active Employees
FROM: Hakeem Oshikoya, Finance Director
DATE: September 1, 2021
RE: **2022 Active Employees Open Enrollment for Voluntary Benefits**

This year's open enrollment period for Voluntary Benefits is **September 27th – October 15th, 2022**. Open enrollment is the period where eligible employees can review / elect / decline or make plan changes for plan year beginning January 1, 2022. 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, 2022 and will remain in effect through December 31, 2022, 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 – ENROLLMENT IS MANDATORY!

At the September 1, 2021 meeting, the Board of Commissioners approved the Voluntary Benefits Plans and Premium Rates proposals effective 1/1/2022. **Due to plan and vendors changes enrollment is required to enroll/continue coverage effective 1/1/2022.** The voluntary benefits program is open to permanent and temporary employees. The premiums for voluntary benefits are 100% employee paid and are payroll deducted on a pre-tax and post-tax basis. Temporary employees are only eligible for post-tax product offerings. The following plans are available for enrollment effective January 1, 2022.

PLAN	VENDOR	PREMIUMS TAX BASIS
Accident	Aflac	Pre-Tax
Critical Illness	Aflac	Pre-Tax
Hospital Indemnity	Aflac	Pre-Tax
Whole Life with Long-Term Care Rider	Aflac	Post-Tax
Identity Theft Protection	Legalshield	Post-Tax
Short-Term Disability	Metlife	Post-Tax
Legal Insurance - NEW	Metlife	Post-Tax

2022 OPEN ENROLLMENT MEETINGS

Again this year, Open Enrollment meetings will be held virtually on Zoom. After you register for a session at <https://bit.ly/3tBkHpr>, instructions to join the meeting date and time you selected will be emailed to you.

Note: Registration link works in Google Chrome, Microsoft Edge, Mozilla Firefox and Safari.

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VOLUNTARY BENEFIT OPTIONS

Flexible Spending Accounts (FSA)

Eligible employees will have the following Flexible Spending Accounts (FSAs) available for 2022, 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 BCBS POS Plan or 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 BCBS CDHP 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 2022, 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 2021, up to \$550 of money remaining in your account as of December 31, 2021 will roll over to your 2022 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 2022).

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, 2022 to submit claims for eligible expense you had in 2021. 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, 2021, to minimize or avoid forfeiting money in your account that exceeds \$550 after December 31, 2021.

- **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:

www.velocitybenefits.as.me/fulco

or

Enroll online at:

www.aflac.com/fulton

or

Call 877-550-2842

9:00am to 9:00pm

*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 \$270 per month in commuting/transit expenses and up to \$270 in parking expenses. These limits are subject to IRS regulations and can change each year. Simply use your Ameriflex 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, Metlife, and LegalShield.

- **MetLife 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.
- **AFLAC 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.
- **AFLAC Hospital Indemnity.** This plan provide 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.
- **Legalshield ID Shield.** 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 at risk. Premiums for this benefit are deducted on a post-tax basis.
- **MetLife Legal Plans.** This plan gives you access to expert legal help so you can navigate life's big moments confidently. A legal plan can assist when you need to have agreements reviewed or have an attorney attend a closing when purchasing a home; need to create wills and estate planning documents, or handle school and administrative hearings, adoption, or reproductive assistance legal matters ;or even advise on handling a traffic ticket, repossession, debt collection matter, or tax audit.

CONTACT INFORMATION

Voluntary Benefits

Plan/Service	Administrator	Contact
Fulton County Benefit Office	NA	404-612-7605 employeebenefits@fultoncountyga.gov
Employee Assistance Program	Anthem of Georgia	800-999-7222 www.AnthemEAP.com (password: Fulton)
Flexible Spending Accounts	AFLAC – Ameriflex	888.868.3539 www.myameriflex.com
Commuter Reimbursement Accounts	AFLAC - Ameriflex	888.868.3539 www.myameriflex.com
Long-Term Disability	Aetna	877-238-6200 www.aetna.com
Short-Term Disability	MetLife	800 438-6388 www.Metflife.com
Accident Plan	AFLAC	800-992-3522 www.aflac.com
Whole Life Insurance	AFLAC	800-992-3522 www.aflac.com
Critical Illness Plan	AFLAC	800-992-3522 www.aflac.com
Hospital Indemnity	AFLAC	800-992-3522 www.aflac.com
Identity Theft Protection	Legalshield ID Shield	1-888-807-0407 benefits.legalshield.com/fultonco
Legal Plan	MetLife	800 438-6388 www.Metflife.com

