



DEPARTMENT OF PURCHASING AND CONTRACT COMPLIANCE

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National Purchasing Institute



Cecil Moore, Director

ADDENDUM NO. 1 Invitation to Bid – 09RFP70018C-MT Healthcare Benefits Consulting Services Fulton County, Georgia

October 8, 2009

Dear Vendors:

This addendum is in reference to the RFP – 09RFP70018C-MT
Healthcare Benefits Consulting Services

1. Please provide a list of all benefit plans and the current rates that are charged to the employees, retirees and COBRA participants.

Response: See Exhibit 1

2. For each benefit plan, please identify whether the plan is self-insured and/or fully insured.

Response: All plans are self insured.

3. Please provide examples of your open enrollment communication materials for the most recent enrollment available.

Response: Attached is the open Enrollment Booklet (See Exhibit 2). This was not prepared by the consultant.

4. When were the different benefits last bid with a full RFP process?

Response: In 2008.

4a. How many different bids (for different coverage's) were issued?

Response: Bids were solicited for Medical (HMO, PPO, PPO Plus, and an Account Based Plan), Pharmacy, Vision, Dental, EAP, Mental Health. Dental and Vision were placed for three years in 2008. Due to action by the Board of Commissioners, medical and pharmacy were renewed for 1 year. The contracts for Medical and Pharmacy were rebid in 2009 and both placed with Blue Cross Blue Shield of Georgia for 2010.

5. What is the County's open enrollment timeline and meeting schedule for Plan Year 2010?

Response: Open enrollment commenced the week of October 5. The consultant will not be involved with open enrollment.



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6. Please provide your recent financial reconciliation for the medical program.

Response: This information is not available at this time.

7. What is the County's preference for form of pricing (overall fee, hourly rate, commission, combination of these)?

Response: Hourly rate with a projection of hours required for rate setting and full RFP.

8. Under Section 3 - Project Team Qualifications/Qualifications of Key Personnel: Please clarify whether your intent is that team member resumes follow the County's listed organizational format or just include all of the requested information.

Response: Please provide all requested information.

9. Please provide the most recent analytical reports on the self-insured plans? How often are these reports provided by your consultant?

Response: This information is not available at this time.

10. Who is the incumbent(s) and how much were they paid in the most recently completed contract year?

Response: The current vendor is Deloitte Consulting. The contract award for Year 2006 was \$55,000, Year 2007 was \$55,000, Year 2008 was \$120,000 (RFP Year) Year 2009 \$120,000 (RFP Year).

11. Please identify all insurance carriers, vendors and/or providers currently administering and/or providing the benefit plans.

Response: Blue Cross Blue Shield of Georgia, CIGNA (until 12/31/2009), EyeMed, Delta Dental, Fort Dearborn.

12. Please provide the number of employees, retirees and COBRA participants in each of the benefit programs.

**Response: Active HMO 5016
Active PPO 160
COBRA 25
Retiree Under 65 HMO 1066
Retiree Over 65 HMO 545
Retiree Under 65 PPO 127
Retiree PPO Plus 9
Retiree Medicare Indemnity 528
Active Dental 5016
Retiree Dental 1829**



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**Active Vision 4757
Retiree Vision 2128**

13. How consistent is the scope of work outlined in Section 3.3 with the services provided by the current consultant? What, if any, services are included in Section 3.3 that are not provided by the current consultant?

Response: All services are currently provided with the exception of HIPPA services.

14. What, if any, services are provided by the current consultants that are not included in Section 3.3?

Response: None

15. What have been the annual fees paid to the current consultant for each of the past 3 years?

Response: The contract award for Year 2006 was \$55,000, Year 2007 was \$55,000, Year 2008 was \$120,000 (RFP Year) Year 2009 \$120,000 (RFP Year).

16. Does the current consultant utilize subcontractors? If so, who is/are the subcontractor(s) and what services are subcontracted?

Response: No

17. Could you provide us with a general overview of the existing Fulton County benefits package?

Response: Please refer to Exhibit 2 herein.

18. By what method(s) does Fulton County presently communicate benefits to employees?

Response: Communication occurs via the Fulco News and direct mailing by the vendors.

19. What carriers are presently serving Fulton County?

Response: Blue Cross Blue Shield (Medical, EAP, Mental Health) CIGNA (Prescription Drug), EyeMed (Vision) and Delta Dental (Dental).

20. Does Fulton County use a Third Party Administrator?

Response: Yes, All vendors are ASO.

21. Has Fulton County implemented a wellness plan, available for the employee population?

Response: It is currently in process.



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22. How long has Deloitte been your healthcare benefits consultant?

Response: Since 1999.

23. What other consulting services does Deloitte provide to the County, if any?

Response: Presently None.

24. Does the scope of work include active and retiree benefits?

Response: Yes

25. How many benefit eligible active employees does Fulton County have?

Response: 5303

25a. How many retirees?

Response: 3021

26. The Fulton County website indicates that you offer HMO and PPO medical plans. How many plan options are offered for each (e.g., 1 HMO plan and 1 PPO plan, 1 HMO plan and 2 PPO plans, etc.)?

Response: 1 HMO and 1 PPO.

27. Is prescription drug coverage embedded in the medical plans, or carved out to a separate prescription drug vendor?

Response: In 2010 it will be embedded, prior to 2010 it was carved out.

28. Who are your current (2009) medical, Rx, dental, life, disability, vision and mental health/EAP vendors?

Response: Medical = Blue Cross Blue Shield, Rx = CIGNA, dental = Delta Dental, Life = Fort Dearborn, disability = Fort Dearborn, Vision = EyeMed, Mental Health / EAP = Blue Cross Blue Shield.

29. Who are your selected 2010 medical, Rx, dental, life, disability, vision and mental health/EAP vendors?

Response: Medical = Blue Cross Blue Shield, Rx = Blue Cross Blue Shield, dental = Delta Dental, Life = Fort Dearborn, disability = Fort Dearborn, Vision = EyeMed, Mental Health / EAP = Blue Cross Blue Shield.

30. Do all County benefits have a January 1-December 31 plan year? If not, please note the benefit and plan year of the non-calendar year benefits.

Response: Yes.



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31. Approximately how many Board of Commissioner meetings will the selected Consultant attend each year?

Response: Two.

32. With regard to HIPAA compliance, is the County requesting a compliance audit -- audit/review of the County's current HIPAA practices/procedures -- or, is the County requesting compliance training for its personnel? Or, both?

Response: Both.

33. Board Goals for the Fulton County Healthcare Plan are as follows:

- 1. Promote a work place environment of healthy lifestyles using employee education, a wellness committee and incentives and rewards.**
- 2. Provide tools and resources to employees that will empower them to make educated decisions when seeking healthcare**
- 3. Improve the quality of healthcare provided to employees through disease management programs**
- 4. Work to increase employee level of awareness and understanding of the benefit plan (i.e. plan design, funding arrangement, vendor selection process) in order to lead to improved employee satisfaction.**
- 5. Minimize changes to plan design where possible in order to remain within industry trend (medical inflation) which is currently increasing at a rate of 8% - 12% annually.**

For additional information regarding this addendum, contact Malcolm Tyson, Assistant Purchasing Agent at (404) 612-5811 or e-mail at malcolm.tyson@fultoncountyga.gov.

The undersigned propose acknowledges receipt of this addendum by returning one (1) copy with their bid. Failure to return a signed copy of this addendum with your bid may render your bid to be non-responsive.

Except as provided herein, all terms and conditions in the bid referenced above remain unchanged and in full force and effect.



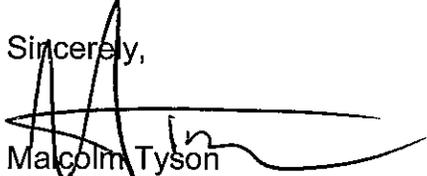
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Cecil Moore, Director

Sincerely,



Malcolm Tyson
Assistant Purchasing Agent

ACKNOWLEDGEMENT OF ADDENDUM

COMPANY NAME: _____

SIGNATURE: _____

TITLE: _____

DATE: _____

2009 HEALTH INSURANCE RATES

2008 HEALTH INSURANCE RATES

EMPLOYEES							
2009	Total Medical Costs	Monthly County Cost	Monthly Employee Cost	Monthly County Cost	Monthly Employee Cost	Employee Cost Share	Employee Cost Share
HMO PLAN							
Employee	\$435.64	\$146.91	\$47.13	\$174.26	\$47.36	80%	20%
Employee + 1	\$837.76	\$668.21	\$166.55	\$171.11	\$45.28	80%	20%
Family	\$1,093.65	\$866.52	\$227.13	\$144.26	\$108.57	80%	20%
PPO PLAN							
Employee	\$759.02	\$269.27	\$189.76	\$264.63	\$189.82	70%	25%
Employee + 1	\$1,400.93	\$1,050.79	\$350.23	\$252.35	\$173.12	70%	25%
Family	\$1,800.91	\$1,400.71	\$400.20	\$171.84	\$217.61	70%	25%
2004 RETIREES & EARLIER							
UNDER 65							
HMO PLAN							
Employee	\$435.64	\$146.91	\$47.13			80%	10%
Employee + 1	\$837.76	\$668.21	\$166.55			80%	10%
Family	\$1,093.65	\$866.52	\$227.13			80%	10%
PPO PLAN							
Employee	\$759.02	\$269.27	\$189.76			80%	20%
Employee + 1	\$1,400.93	\$1,050.79	\$350.23			80%	20%
Family	\$1,800.91	\$1,400.71	\$400.20			80%	20%
PPO PLUS							
Employee	\$1,379.26	\$1,029.28	\$349.98			80%	10%
Employee + 1	\$2,574.19	\$2,178.77	\$395.42			80%	10%
Family	\$3,065.18	\$2,664.16	\$401.02			80%	10%
OVER 65							
HMO/MEDICARE							
Employee	\$183.72	\$413.53	\$18.27			80%	10%
Family	\$91.81	\$856.36	\$91.81			80%	10%
INDENTIFY/MEDICARE							
Employee	\$124.72	\$298.78	\$65.94			80%	20%
Family	\$81.88	\$685.51	\$166.36			80%	20%
PPO PLUS/MEDICARE							
Employee	\$124.72	\$298.78	\$17.47			80%	10%
Family	\$81.88	\$748.69	\$81.88			80%	10%
2005 RETIREES							
UNDER 65							
HMO PLAN							
Employee	\$435.64	\$146.91	\$47.13			80%	10%
Employee + 1	\$837.76	\$668.21	\$166.55			80%	10%
Family	\$1,093.65	\$866.52	\$227.13			80%	10%
PPO PLAN							
Employee	\$759.02	\$269.27	\$189.76			70%	25%
Employee + 1	\$1,400.93	\$1,050.79	\$350.23			70%	25%
Family	\$1,800.91	\$1,400.71	\$400.20			70%	25%
OVER 65							
HMO/MEDICARE							
Employee	\$183.72	\$426.16	\$75.96			80%	10%
Family	\$91.81	\$908.78	\$142.79			80%	10%
INDENTIFY/MEDICARE							
Employee	\$124.72	\$313.28	\$71.44			70%	20%
Family	\$81.88	\$688.87	\$183.81			70%	20%
2006 RETIREES							
UNDER 65							
HMO PLAN							
Employee	\$435.64	\$146.91	\$47.13			80%	10%
Employee + 1	\$837.76	\$668.21	\$166.55			80%	10%
Family	\$1,093.65	\$866.52	\$227.13			80%	10%
PPO PLAN							
Employee	\$759.02	\$269.27	\$189.76			70%	25%
Employee + 1	\$1,400.93	\$1,050.79	\$350.23			70%	25%
Family	\$1,800.91	\$1,400.71	\$400.20			70%	25%
OVER 65							
HMO/MEDICARE							
Employee	\$183.72	\$426.16	\$75.96			80%	10%
Family	\$91.81	\$908.78	\$142.79			80%	10%
INDENTIFY/MEDICARE							
Employee	\$124.72	\$313.28	\$71.44			70%	20%
Family	\$81.88	\$688.87	\$183.81			70%	20%
2007-2009 RETIREES							
UNDER 65							
HMO PLAN							
Employee	\$435.64	\$146.91	\$47.13			80%	20%
Employee + 1	\$837.76	\$668.21	\$166.55			80%	20%
Family	\$1,093.65	\$866.52	\$227.13			80%	20%
PPO PLAN							
Employee	\$759.02	\$269.27	\$189.76			70%	25%
Employee + 1	\$1,400.93	\$1,050.79	\$350.23			70%	25%
Family	\$1,800.91	\$1,400.71	\$400.20			70%	25%
OVER 65							
HMO/MEDICARE							
Employee	\$183.72	\$426.16	\$106.74			80%	10%
Family	\$91.81	\$741.21	\$106.80			80%	10%
INDENTIFY/MEDICARE							
Employee	\$124.72	\$313.28	\$81.18			70%	20%
Family	\$81.88	\$685.81	\$207.07			70%	20%
DENTAL EMPLOYEES 2009							
	Total Medical Costs	Monthly County Cost	Monthly Employee Cost	Monthly County Cost	Monthly Employee Cost	Employee Cost Share	Employee Cost Share
Employee	\$11.21	\$36.25	\$6.81	\$18.21	\$4.40	70%	20%
Employee + 1	\$22.24	\$74.83	\$14.01	\$37.02	\$8.61	70%	20%
Family	\$34.41	\$76.80	\$28.60	\$38.60	\$11.60	70%	20%
DENTAL RETIREES							
Employee	\$19.79	\$0.00	\$19.79			80%	10%
Family	\$79.96	\$0.00	\$79.96			80%	10%
VISION EMPLOYEES/RETIREES							
Employee	\$11.32	\$9.89	\$6.33	\$4.44	\$1.22	50%	40%
Employee + 1	\$11.32	\$9.89	\$6.33	\$4.44	\$1.22	50%	40%
Family	\$11.32	\$9.89	\$6.33	\$4.44	\$1.22	50%	40%

EMPLOYEES							
2008	Total Medical Costs	Monthly County Cost	Monthly Employee Cost	Monthly County Cost	Monthly Employee Cost	Employee Cost Share	Employee Cost Share
HMO PLAN							
Employee	\$435.64	\$146.91	\$47.13			80%	20%
Employee + 1	\$837.76	\$668.21	\$166.55			80%	20%
Family	\$1,093.65	\$866.52	\$227.13			80%	20%
PPO PLAN							
Employee	\$759.02	\$269.27	\$189.76			70%	25%
Employee + 1	\$1,400.93	\$1,050.79	\$350.23			70%	25%
Family	\$1,800.91	\$1,400.71	\$400.20			70%	25%
2004 RETIREES & EARLIER							
UNDER 65							
HMO PLAN							
Employee	\$435.64	\$146.91	\$47.13			80%	10%
Employee + 1	\$837.76	\$668.21	\$166.55			80%	10%
Family	\$1,093.65	\$866.52	\$227.13			80%	10%
PPO PLAN							
Employee	\$759.02	\$269.27	\$189.76			80%	20%
Employee + 1	\$1,400.93	\$1,050.79	\$350.23			80%	20%
Family	\$1,800.91	\$1,400.71	\$400.20			80%	20%
PPO PLUS							
Employee	\$1,379.26	\$1,029.28	\$349.98			80%	10%
Employee + 1	\$2,574.19	\$2,178.77	\$395.42			80%	10%
Family	\$3,065.18	\$2,664.16	\$401.02			80%	10%
OVER 65							
HMO/MEDICARE							
Employee	\$183.72	\$413.53	\$18.27			80%	10%
Family	\$91.81	\$856.36	\$91.81			80%	10%
INDENTIFY/MEDICARE							
Employee	\$124.72	\$298.78	\$65.94			80%	20%
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Employee	\$124.72	\$298.78	\$17.47			80%	10%
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UNDER 65							
HMO PLAN							
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Employee	\$759.02	\$269.27	\$189.76			70%	25%
Employee + 1	\$1,400.93	\$1,050.79	\$350.23			70%	25%
Family	\$1,800.91	\$1,400.71	\$400.20			70%	25%
OVER 65							
HMO/MEDICARE							
Employee	\$183.72	\$426.16	\$75.96			80%	10%
Family	\$91.81	\$908.78	\$142.79			80%	10%
INDENTIFY/MEDICARE							
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UNDER 65							
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Family	\$1,093.65	\$866.52	\$227.13			80%	10%
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Employee + 1	\$1,400.93	\$1,050.79	\$350.23			70%	25%
Family	\$1,800.91	\$1,400.71	\$400.20			70%	25%
OVER 65							
HMO/MEDICARE							
Employee	\$183.72	\$426.16	\$75.96			80%	10%
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INDENTIFY/MEDICARE							
Employee	\$124.72	\$313.28	\$71.44			70%	20%
Family	\$81.88	\$688.87	\$183.81			70%	20%
2007 RETIREES							
UNDER 65							
HMO PLAN							
Employee	\$435.64	\$146.91	\$47.13			80%	20%
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Family	\$1,093.65	\$866.52	\$227.13			80%	20%
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Employee + 1	\$1,400.93	\$1,050.79	\$350.23			70%	25%
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OVER 65							
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Family	\$91.81	\$741.21	\$106.80			80%	10%
INDENTIFY/MEDICARE							
Employee	\$124.72	\$313.28	\$81.18			70%	20%
Family	\$81.88	\$685.81	\$207.07			70%	20%
DENTAL EMPLOYEES 2008							
	Total Medical Costs	Monthly County Cost	Monthly Employee Cost	Monthly County Cost	Monthly Employee Cost	Employee Cost Share	Employee Cost Share
Employee	\$11.21	\$36.25	\$6.81	\$18.21	\$4.40	70%	20%
Employee + 1	\$22.24	\$74.83	\$14.01	\$37.02	\$8.61	70%	20%
Family	\$34.41	\$76.80	\$28.60	\$38.60	\$11.60	70%	20%
DENTAL RETIREES							
Employee	\$19.79	\$0.00	\$19.79			80%	10%
Family	\$79.96	\$0.00	\$79.96			80%	10%
VISION EMPLOYEES/RETIREES							
Employee	\$11.32	\$9.89	\$6.33	\$4.44	\$1.22	50%	40%
Employee + 1	\$11.32	\$9.89	\$6.33	\$4.44	\$1.22	50%	40%
Family	\$11.32	\$9.89	\$6.33	\$4.44	\$1.22	50%	40%

HMO Increase 1.15
 PPO Increase 1.15
 \$11.20 Retiree Increase 1.15
 \$21.73
 \$28.82 Dental Increase 1.05
 Vision Increase 1.04

\$113.90
 \$205.41
 \$286.42

\$5.68
 \$10.90
 \$14.18

\$19.80
 \$35.54
 \$49.68

\$20.60
 \$35.92
 \$51.65

\$8.87
 \$13.41

\$8.88
 \$21.70

\$4.24
 \$19.85

\$8.52
 \$18.63
 \$21.24

\$21.78
 \$40.20
 \$54.05

\$9.88
 \$18.62

\$9.32
 \$23.88

\$9.66
 \$18.47
 \$24.07

\$22.77
 \$42.63
 \$57.62

\$11.17
 \$21.10

\$9.74
 \$24.08

\$11.20
 \$21.73
 \$28.82

\$24.76
 \$45.88
 \$61.90

\$13.14
 \$24.82

\$10.69
 \$27.13

\$0.42
 \$0.80
 \$1.12

\$1.68
 \$3.01

\$0.24
 \$0.24
 \$0.24

2009 HEALTH INSURANCE RATES

EMPLOYEES							
2009	Total Medical costs	Monthly County Cont.	Monthly Employee Cont.	Bi-weekly County Cont.	Bi-weekly Employee Cont.	Employer Cost Share	Employee Cost Share
HMO PLAN							
Employee	\$435.64	\$348.51	\$87.13	\$174.26	\$43.56	80%	20%
Employee +1	\$832.76	\$666.21	\$166.55	\$333.11	\$83.28	80%	20%
Family	\$1,085.65	\$868.52	\$217.13	\$434.26	\$108.57	80%	20%
PPO PLAN							
Employee	\$759.02	\$569.27	\$189.76	\$379.53	\$94.88	75%	25%
Employee +1	\$1,400.93	\$1,050.70	\$350.23	\$700.46	\$179.72	75%	25%
Family	\$1,900.91	\$1,425.68	\$475.23	\$950.46	\$239.61	75%	25%
2004 RETIREES & EARLIER							
	Total Medical costs	Monthly County Cont.	Monthly Employee Cont.	Bi-weekly County Cont.	Bi-weekly Employee Cont.	Employer Cost Share	Employee Cost Share
UNDER 65							
HMO PLAN							
Employee	\$435.64	\$392.08	\$43.56			90%	10%
Employee +1	\$832.76	\$749.49	\$83.28			90%	10%
Family	\$1,085.65	\$977.09	\$108.57			90%	10%
PPO PLAN							
Employee	\$759.02	\$607.22	\$151.80			80%	20%
Employee +1	\$1,400.93	\$1,120.74	\$280.19			80%	20%
Family	\$1,900.91	\$1,520.73	\$380.18			80%	20%
PPO PLUS							
Employee	\$1,579.76	\$1,421.78	\$157.98			90%	10%
Employee +1	\$3,754.19	\$2,478.77	\$275.42			90%	10%
Family	\$5,960.18	\$3,564.16	\$395.02			90%	10%
OVER 65							
HMO/MEDICARE							
Employee	\$503.72	\$453.35	\$50.37			90%	10%
Family	\$951.51	\$856.36	\$95.15			90%	10%
INDEMNITY/MEDICARE							
Employee	\$324.72	\$259.78	\$64.94			80%	20%
Family	\$831.88	\$665.51	\$166.38			80%	20%
PPO PLUS MEDICARE							
Employee	\$324.72	\$292.25	\$32.47			90%	10%
Family	\$831.88	\$748.69	\$83.19			90%	10%
2005 RETIREES							
	Total Medical costs	Monthly County Cont.	Monthly Employee Cont.	Bi-weekly County Cont.	Bi-weekly Employee Cont.	Employer Cost Share	Employee Cost Share
UNDER 65							
HMO PLAN							
Employee	\$435.64	\$370.30	\$65.35			85%	15%
Employee +1	\$832.76	\$707.85	\$124.91			85%	15%
Family	\$1,085.65	\$922.80	\$162.85			85%	15%
PPO PLAN							
Employee	\$759.02	\$592.04	\$166.98			78%	22%
Employee +1	\$1,400.93	\$1,092.72	\$308.20			78%	22%
Family	\$1,900.91	\$1,482.71	\$418.20			78%	22%
OVER 65							
HMO/MEDICARE							
Employee	\$503.72	\$428.16	\$75.56			85%	15%
Family	\$951.51	\$808.78	\$142.73			85%	15%
INDEMNITY/MEDICARE							
Employee	\$324.72	\$253.28	\$71.44			78%	22%
Family	\$831.88	\$648.87	\$183.01			78%	22%

2008 HEALTH INSURANCE RATES

EMPLOYEES							
2008	Total Medical costs	Monthly County Cont.	Monthly Employee Cont.	Bi-weekly County Cont.	Bi-weekly Employee Cont.	Premium Share	
HMO PLAN							
Employee	\$378.82	\$303.05	\$75.77	\$151.53	\$37.88		80/20
Employee +1	\$724.14	\$579.32	\$144.83	\$289.65	\$72.42		
Family	\$944.04	\$755.23	\$188.81	\$377.62	\$94.41		
PPO PLAN							
Employee	\$660.02	\$495.01	\$165.01	\$247.51	\$82.50		75/25
Employee +1	\$1,218.20	\$913.65	\$304.55	\$456.82	\$152.27		
Family	\$1,652.96	\$1,239.72	\$413.24	\$619.86	\$206.62		
2004 RETIREES & EARLIER							
	Total Medical costs	Monthly County Cont.	Monthly Employee Cont.	Bi-weekly County Cont.	Bi-weekly Employee Cont.	Premium Share	
UNDER 65							
HMO PLAN							
Employee	\$378.82	\$340.94	\$37.88				90/10
Employee +1	\$724.14	\$651.74	\$72.42				
Family	\$944.04	\$849.64	\$94.41				
PPO PLAN							
Employee	\$660.02	\$528.01	\$132.01				80/20
Employee +1	\$1,218.20	\$974.56	\$243.64				
Family	\$1,652.96	\$1,322.37	\$330.59				
PPO PLUS							
Employee	\$1,373.70	\$1,236.33	\$137.37				90/10
Employee +1	\$2,394.95	\$2,155.45	\$239.49				
Family	\$3,443.63	\$3,099.26	\$344.36				
OVER 65							
HMO/MEDICARE							
Employee	\$438.02	\$394.21	\$43.81				90/10
Family	\$827.40	\$744.66	\$82.74				
INDEMNITY/MEDICARE							
Employee	\$282.37	\$225.90	\$56.47				80/20
Family	\$723.38	\$578.71	\$144.68				
PPO PLUS MEDICARE							
Employee	\$282.37	\$254.13	\$28.23				90/10
Family	\$723.38	\$651.04	\$72.33				
2005 RETIREES							
	Total Medical costs	Monthly County Cont.	Monthly Employee Cont.	Bi-weekly County Cont.	Bi-weekly Employee Cont.	Premium Share	
UNDER 65							
HMO PLAN							
Employee	\$378.82	\$321.99	\$56.83				85/15
Employee +1	\$724.14	\$615.52	\$108.62				
Family	\$944.04	\$802.44	\$141.60				
PPO PLAN							
Employee	\$660.02	\$514.82	\$145.20				78/22
Employee +1	\$1,218.20	\$950.20	\$268.00				
Family	\$1,652.96	\$1,289.31	\$363.65				
OVER 65							
HMO/MEDICARE							
Employee	\$438.02	\$372.32	\$65.70				85/15
Family	\$827.40	\$703.29	\$124.11				
INDEMNITY/MEDICARE							
Employee	\$282.37	\$220.25	\$62.12				78/22
Family	\$723.38	\$564.34	\$159.14				

2006 RETIREES							
	Total Medical costs	Monthly County Cont.	Monthly Employee Cont.	Bi-weekly County Cont.	Bi-weekly Employee Cont.	Employer Cost Share	Employee Cost Share
UNDER 65							
HMO PLAN							
Employee	\$435.64	\$361.58	\$74.06			83%	17%
Employee +1	\$832.76	\$691.19	\$141.57			83%	17%
Family	\$1,085.65	\$901.09	\$184.56			83%	17%
PPO PLAN							
Employee	\$759.02	\$584.45	\$174.58			77%	23%
Employee +1	\$1,400.93	\$1,078.72	\$322.21			77%	23%
Family	\$1,900.91	\$1,463.70	\$437.21			77%	23%
OVER 65							
HMO/MEDICARE							
Employee	\$503.72	\$418.09	\$85.63			83%	17%
Family	\$951.51	\$789.75	\$161.76			83%	17%
INDEMNITY/MEDICARE							
Employee	\$324.72	\$250.04	\$74.69			77%	23%
Family	\$831.88	\$640.55	\$191.33			77%	23%
2007-2009 RETIREES							
	Total Medical costs	Monthly County Cont.	Monthly Employee Cont.	Bi-weekly County Cont.	Bi-weekly Employee Cont.	Employer Cost Share	Employee Cost Share
UNDER 65							
HMO PLAN							
Employee	\$435.64	\$348.51	\$87.13			80%	20%
Employee +1	\$832.76	\$666.21	\$166.55			80%	20%
Family	\$1,085.65	\$868.52	\$217.13			80%	20%
PPO PLAN							
Employee	\$759.02	\$569.27	\$189.76			75%	25%
Employee +1	\$1,400.93	\$1,050.70	\$350.23			75%	25%
Family	\$1,900.91	\$1,425.68	\$475.23			75%	25%
OVER 65							
HMO/MEDICARE							
Employee	\$503.72	\$402.98	\$100.74			80%	20%
Family	\$951.51	\$761.21	\$190.30			80%	20%
INDEMNITY/MEDICARE							
Employee	\$324.72	\$243.54	\$81.18			75%	25%
Family	\$831.88	\$623.01	\$207.97			75%	25%

2006 RETIREES						
	Total Medical costs	Monthly County Cont.	Monthly Employee Cont.	Bi-weekly County Cont.	Bi-weekly Employee Cont.	Premium Share
UNDER 65						
HMO PLAN						
Employee	\$378.82	\$314.42	\$64.40			83/17
Employee +1	\$724.14	\$601.04	\$123.10			
Family	\$944.04	\$783.55	\$160.49			
PPO PLAN						
Employee	\$660.02	\$508.22	\$151.81			77/23
Employee +1	\$1,218.20	\$938.02	\$280.18			
Family	\$1,652.96	\$1,272.78	\$380.18			
OVER 65						
HMO/MEDICARE						
Employee	\$438.02	\$363.55	\$74.47			83/17
Family	\$827.40	\$686.74	\$140.66			
INDEMNITY/MEDICARE						
Employee	\$282.37	\$217.42	\$64.94			77/23
Family	\$723.38	\$557.00	\$166.37			
2007 RETIREES						
	Total Medical costs	Monthly County Cont.	Monthly Employee Cont.	Bi-weekly County Cont.	Bi-weekly Employee Cont.	Premium Share
UNDER 65						
HMO PLAN						
Employee	\$378.82	\$303.05	\$75.77			80/20
Employee +1	\$724.14	\$579.32	\$144.83			
Family	\$944.04	\$755.23	\$188.81			
PPO PLAN						
Employee	\$660.02	\$495.01	\$165.01			75/25
Employee +1	\$1,218.20	\$913.65	\$304.55			
Family	\$1,652.96	\$1,239.72	\$413.24			
OVER 65						
HMO/MEDICARE						
Employee	\$438.02	\$350.42	\$87.60			80/20
Family	\$827.40	\$661.92	\$165.48			
INDEMNITY/MEDICARE						
Employee	\$282.37	\$211.77	\$70.59			75/25
Family	\$723.38	\$542.54	\$180.84			

DENTAL EMPLOYEES 2009							
	Total Medical costs	Monthly County Cont.	Monthly Employee Cont.	Bi-weekly County Cont.	Bi-weekly Employee Cont.	Employer Cost Share	Employee Cost Share
Employee	\$35.23	\$26.42	\$8.81	\$13.21	\$4.40	75%	25%
Employee +1	\$72.04	\$54.03	\$18.01	\$27.02	\$9.01	75%	25%
Family	\$94.41	\$70.80	\$23.60	\$35.40	\$11.80	75%	25%

DENTAL RETIREES							
	Total Medical costs	Monthly County Cont.	Monthly Employee Cont.	Bi-weekly County Cont.	Bi-weekly Employee Cont.	Employer Cost Share	Employee Cost Share
Employee	\$35.23	\$0.00	\$35.23			0%	100%
Family	\$79.96	\$0.00	\$79.96			0%	100%

VISION EMPLOYEES/RETIREES							
	Total Medical costs	Monthly County Cont.	Monthly Employee Cont.	Bi-weekly County Cont.	Bi-weekly Employee Cont.	Employer Cost Share	Employee Cost Share
Employee	\$15.32	\$8.89	\$6.43	\$4.44	\$3.22	58%	42%
Employee +1	\$15.32	\$8.89	\$6.43	\$4.44	\$3.22	58%	42%
Family	\$15.32	\$8.89	\$6.43	\$4.44	\$3.22	58%	42%

DENTAL EMPLOYEES 2008							
	Total Medical costs	Monthly County Cont.	Monthly Employee Cont.	Bi-weekly County Cont.	Bi-weekly Employee Cont.	Premium Share	
Employee	\$33.55	\$25.16	\$8.39	\$12.58	\$4.19	75/25	
Employee +1	\$68.61	\$51.46	\$17.15	\$25.73	\$8.58		
Family	\$89.91	\$67.43	\$22.48	\$33.72	\$11.24		

DENTAL RETIREES							
	Total Medical costs	Monthly County Cont.	Monthly Employee Cont.	Bi-weekly County Cont.	Bi-weekly Employee Cont.	Premium Share	
Employee	\$33.55	\$0.00	\$33.55			0/100	
Family	\$76.15	\$0.00	\$76.15				

VISION EMPLOYEES/RETIREES							
	Total Medical costs	Monthly County Cont.	Monthly Employee Cont.	Bi-weekly County Cont.	Bi-weekly Employee Cont.	Premium Share	
Employee	\$14.73	\$8.54	\$6.19	\$4.27	\$3.09	58/42	
Employee +1	\$14.73	\$8.54	\$6.19	\$4.27	\$3.09		
Family	\$14.73	\$8.54	\$6.19	\$4.27	\$3.09		

\$11.36
\$21.73
\$28.32

\$113.09
\$205.41
\$286.42

\$5.68
\$10.80
\$14.16

\$19.80
\$36.54
\$49.59

\$20.60
\$35.62
\$51.66

\$8.57
\$12.41

\$8.48
\$21.70

\$4.24
\$10.85

\$8.52
\$16.29
\$21.24

\$21.78
\$40.20
\$54.55

\$9.88
\$18.62

\$9.32
\$23.88

\$9.68
\$18.47
\$24.07

\$22.77
\$42.03
\$57.02

\$11.17
\$21.10

\$9.74
\$24.96

\$11.38
\$21.73
\$28.32

\$24.75
\$45.68
\$61.99

\$13.14
\$24.82

\$10.59
\$27.13

\$0.42
\$0.86
\$1.12

\$1.68
\$3.81

\$0.24
\$0.24
\$0.24

HMO Increase	1.15
PPO Increase	1.15
Retiree Increase	1.15
Dental Increase	1.05
Vision Increase	1.04

BENEFITS for You



Your 2009 Benefits Enrollment Guide

Important
medical changes
for 2009!



Your Fulton County Benefits

Fulton County, GA is home to over 800,000 residents who enjoy exceptional schools, world-class sports and entertainment, public transportation, and a government that is committed to working for you. In order to keep highly qualified employees, the County is continually updating its program of comprehensive, affordable benefits to ensure that it remains affordable and competitive.

The following benefits are available for you and your family:

Your Benefit Coverages

- Medical/Pharmacy Coverage
- Dental Coverage
- Vision Care
- Flexible Spending Accounts
- Long-Term Disability
- Basic Life Insurance and Accidental Death & Disability
- Supplemental Life
- Dependent Life
- Endowment Life (formerly known as Whole Life)
- Voluntary Short-Term Disability
- Critical Illness
- Other Important Benefits:
 - EAP/Mental Health
 - Transit Benefits
 - Tonik Health Care Plans
- Voluntary Products through Aflac, Allstate, and Colonial Insurance

**Please review the information
in this Enrollment Guide,
then call the toll-free
Fulton County Enrollment Center at**

1-888-458-8992.

**The Enrollment Center is open
Monday through Friday,
9 a.m. to 9 p.m. Eastern Time.**

IMPORTANT — If You Do **Not Call by the Designated Enrollment Deadline**

- **Current Employees:** your existing coverage will continue — except for your enrollment in a Flexible Spending Account (FSA). To re-enroll in a FSA for 2009, contact a Colonial representative.
- **New hires:** you will be automatically enrolled in the HMO Plan, Dental and Vision, employee-only coverage. No other benefits will be available until the following open enrollment period (unless you have a “qualifying life status change,” see page 14).

A Personalized Enrollment Process

We're making it easier than ever to learn about your benefits and elect the benefits that are right for you and your family. No more paperwork or confusing forms. Learning about your benefits and enrolling in them is only a phone call away.

When you call our toll-free Fulton County Enrollment Center at **1-888-458-8992**, a Benefits Specialist will *personally* answer the phone and explain the coverages available. It's easy because you enroll right over the phone!



When you are ready to begin your phone enrollment session, turn to page 3 in the Enrollment Guide and follow along in the specially-designed "workbook." Keep a pen or pencil handy. The workbook has spaces for you to write down specific benefit information and your enrollment choices. That way, you'll have a permanent record of your decisions for the upcoming year. In addition, a confirmation form will be available at <http://fulton.benefitconfirms.com> 24 hours after you enroll.

To learn more about your benefits and to enroll, call the Fulton County Enrollment Center at

1-888-458-8992,

between 9 a.m. and 9 p.m. Eastern Time, Monday through Friday.

Where to Begin?



To review your benefit options before you call, turn to pages 13 – 39 in this Enrollment Guide. Then, return to page 3 in your Enrollment Guide and call the Fulton County Enrollment Center to begin your personalized enrollment session.

OR



Ready for your personalized benefits enrollment session? Then, turn to page 3 in your Enrollment Guide and call the Fulton County Enrollment Center at **1-888-458-8992**.

Privacy

Please be aware that your personal data, including any nonpublic information we receive when enrolling you in your individual and group benefits, is protected in accordance with the Health Insurance Portability and Accountability Act (HIPAA). If you have any questions about our HIPAA privacy and security policies and procedures, please ask your Benefits Specialist at the beginning of your phone enrollment session.

Your Phone Enrollment Workbook

When you are ready for your personalized enrollment session, call the toll-free Fulton County Enrollment Center at **1-888-458-8992**. Benefits Specialists are ready to take your call between 9 a.m. and 9 p.m. Eastern Time, Monday through Friday.

The phone enrollment session takes about 20 – 30 minutes. We recommend that you call from home where you can have your workbook and other enrollment materials in front of you, and your spouse/domestic partner may participate as well.

How to Prepare for your Telephone Enrollment



1. Read your benefits materials so you're prepared for your phone enrollment.
2. Keep a pen or pencil handy to fill in the blanks in your phone Enrollment Guide.
3. Use the following chart to **write down the social security numbers and dates of birth of all dependents you want to cover**, including your beneficiary(ies). **You will need this information during your phone enrollment.**

				Complete only if you elect the BlueChoice HMO Plan
Spouse/Domestic Partner Name	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	For HMO Plan PCP #
Child Name	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	For HMO Plan PCP #
Child Name	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	For HMO Plan PCP #
Child Name	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	For HMO Plan PCP #
Child Name	Social Security #	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	For HMO Plan PCP #

Enrolling Dependents:

- **If you wish to enroll a full-time student:** You are required to provide proof of a full-time student's enrollment.
- **If you wish to enroll a disabled child:** The disability must have occurred before the child's 19th birthday, and you are required to provide a doctor's verification of your child's disability.

During your personal benefits enrollment session, you will:

- Enroll in the benefits of your choice.
- Review your benefit coverages (if currently enrolled).
- Discuss benefit options with a Benefits Specialist.
- Verify your personal data. If a data change is required, such as a change of address, please call the Fulton County Employee Benefits Office at 1-404-612-7605.

1

Data Verification



First Name _____ Middle Init. _____

Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Social Security No. _____ Gender _____

Date of Birth _____ Date of Hire _____

Daytime Phone _____ Marital Status _____

Data Verification

Let's take a minute to make sure that Fulton County has your correct information on file.

If you need to make a change to your Name, Social Security Number, Date of Birth, Gender or Marital Status, please contact the Fulton County Employee Benefits Office at 1-404-612-7605 prior to calling the Enrollment Center. All other changes can be made during your phone enrollment session.

2

Your Benefits Overview

Medical/Pharmacy Benefits

Dental Benefits

Vision Benefits

Flexible Spending Accounts

Disability Benefits

- Long-Term Disability

Life Insurance Benefits

- Basic Term Life & AD&D
- Supplemental Term Life
- Dependent Term Life
- Endowment Life Insurance

Your Voluntary Benefits

- Short-Term Disability
- Critical Illness

Other Important Benefits

- EAP/Mental Health
- Transit Benefits
- Tonik HealthCare Plans

Voluntary Products through Aflac, Allstate, and Colonial Insurance

Your Benefits Overview

As you can see, you have a number of benefit options. Your Benefits Specialist will explain each benefit area. Once you make your selections, a confirmation form will be available at <http://fulton.benefitconfirms.com> after 24 hours.

3

Your Medical Plan

Medical coverage is mandatory for all County employees unless you provide proof of other coverage through another major medical plan.

Fulton County provides you with cost effective medical coverage by making a choice of plans available wherever possible.

You are eligible for the following plans from BlueChoice Healthcare:

- The Health Maintenance Organization (HMO) Plan
- Preferred Provider Organization (PPO)

Your Medical Plan

As an eligible employee, you have the following medical coverages from BlueChoice Healthcare (a product of BlueCross BlueShield Healthcare Plan of Georgia).

When you enroll in a Medical plan, you are automatically enrolled in a prescription drug plan.

Your BlueChoice HMO

Deductible	
- Individual	None
- Family	None
Annual Out-of-Pocket Maximum	
- Individual	None
- Family	None
Lifetime Maximum	Unlimited
Outpatient Doctor Visit	Plan pays 100% after \$20 copay
X-ray & Lab	Plan pays 100%
Inpatient Hospitalization	Plan pays 100% after \$50 copay
Retail Prescriptions	Participating Pharmacy
- Generic	\$7 copay
- Preferred Brand Name	\$20 copay
- Non-Preferred Brand Name	\$35 copay
- Self-Administered Injectable Product	\$50 copay
Mail Order Prescriptions	
- Generic	\$15 copay
- Preferred Brand Name	\$40 copay
- Non-Preferred Brand Name	\$75 copay
- Self-Administered Injectable Product	\$100 copay

Note: If you request a brand-name drug when a generic is available, you pay the brand-name copay plus the difference in cost between the generic drug and the brand-name drug.

Your BlueChoice HMO

Under the HMO Plan, you need to elect a primary care physician (PCP). There are no deductibles and no annual out-of-pocket maximum benefits.

To see if your doctor, medical practice, or hospital is part of the HMO network, or to elect a new primary care physician, please contact BlueCross BlueShield of Georgia at 1-800-474-2227 or go online at www.bcbsga.com.

Your Prescription Drug Plan is provided by CIGNA HealthCare. For questions regarding CIGNA's Prescription Drug Plan or to find participating pharmacies, call 1-800-622-5579 or go online at www.cigna.com.

Your BlueChoice PPO Plan

Annual Deductible (in-network/out-of-network combined)		
- Individual		\$200
- Family		\$400
Annual Out-of-Pocket Maximum (includes deductible)		
- Individual		\$1,500
- Family		\$3,000
Lifetime Maximum (in-network/out-of-network combined)		
		\$1 million
Outpatient Doctor Visit	In-network Plan pays 80% after deductible	Out-of-network Plan pays 60% after deductible
X-ray & Lab	Plan pays 80% after deductible	Plan pays 60% after deductible
Inpatient Hospitalization	After \$50 copay, Plan pays 80% after deductible	After \$50 copay, Plan pays 60% after deductible
Retail Prescriptions	Participating Pharmacy	
- Generic		\$7 copay
- Preferred Brand Name		\$20 copay
- Non-Preferred Brand Name		\$35 copay
- Self-Administered Injectable Product		\$50 copay
Mail Order Prescriptions		
- Generic		\$15 copay
- Preferred Brand Name		\$40 copay
- Non-Preferred Brand Name		\$75 copay
- Self-Administered Injectable Product		\$100 copay

Note: If you request a brand-name drug when a generic is available, you pay the brand-name copay plus the difference in cost between the generic drug and the brand-name drug.

Your BlueChoice PPO Plan

If you elect the BlueChoice PPO Plan, you decide at the time of service whether to use an in-network or out-of-network provider. When you use an in-network provider, you pay less for the cost of care. After the deductible, you pay a percent of covered services. When you reach the Annual Out-of-Pocket Maximum, the Plan pays all remaining covered expenses at 100% for the remainder of the year, up to the lifetime maximum.

To see if your doctor, medical practice or hospital is part of the network, or to find a network physician, please contact BlueCross BlueShield of Georgia at 1-800-474-2227 or go online at www.bcbsga.com.

Your Prescription Drug Plan is provided by CIGNA HealthCare. For questions regarding CIGNA's Prescription Drug Plan or to find participating pharmacies, call 1-800-622-5579 or go online at www.cigna.com.

6.

Your Hearing Aid Benefit

Coverage includes the purchase and/or repair of hearing aids.

HMO

- Up to \$2,000 benefit per year
- Have your PCP refer you to an ear, nose, throat doctor

PPO

- Plan pays 80%, no deductible

Your Hearing Aid Benefit

As part of your Medical coverage, you also receive a hearing aid benefit through ENT of Georgia.

7.

Your Medical Enrollment

Plan Name	Level of Coverage	Employee Per Pay Cost	Fulton County Per Pay Cost
BC/BS HMO	Employee Only	\$ _____	\$ _____
	Employee + One	\$ _____	\$ _____
	Family	\$ _____	\$ _____
BC/BS PPO	Employee Only	\$ _____	\$ _____
	Employee + One	\$ _____	\$ _____
	Family	\$ _____	\$ _____

Would you like to enroll in Medical? Yes _____ No _____

If you elect the HMO Plan:

Your Primary Care Physician ID: _____

If waiving coverage, you must provide evidence of major medical coverage to Fulton County Employee Benefits Office.

Your Medical Enrollment

Select the medical coverage of your choice. If you choose family coverage, you'll need to tell the Benefits Specialist which eligible family members you want to cover, their social security numbers and birth dates. If you're adding a new dependent during open enrollment, you will also need to provide appropriate documentation to the Fulton County Benefits Office, such as birth certificates (for children), marriage certificates (for spouse), and full-time student verification (children over age 19) before the enrollment period ends.

If you elect the HMO, you will need to provide the primary care physician ID number for each covered family member. (If you don't select a Primary Care Physician, one will be assigned to you based on your zip code.)

8.

Your Dental Coverage

Your Dental coverage is offered through Delta Dental's PPO Network.

Your Dental Coverage

You are also eligible to elect comprehensive Dental coverage for you and your family. For questions, call Delta Dental Customer Services at 1-800-616-3631. For the most recent provider directory, visit www.deltadentalins.com.

9.

Your Delta Dental Plan

Deductible	
- Per Person	\$50
- Family	Up to \$150
Annual Maximum Benefit	
- Per Person	\$1,500
Diagnostic/Preventive Care	Plan pays 100%
General Services	Plan pays 85% after deductible
Major Services	Plan pays 50% after deductible
Orthodontia	
- Lifetime Maximum	- \$1,500
- Lifetime Deductible Per Person	- \$50
- Percentage Payable	- 50% after deductible

Your Delta Dental Plan

Delta Dental encourages overall good dental care by paying 100% of the reasonable and customary charges for most routine preventive dental services, no deductible. A percent of General, Major, and Orthodontic Services are covered after the deductible is met.

When you use a network dentist, your out-of-pocket costs are reduced.

10.

Your Delta Dental Enrollment

Level of Coverage	Employee Per Pay Cost	Fulton County Per Pay Cost
Employee Only	\$ _____	\$ _____
Employee + One	\$ _____	\$ _____
Family	\$ _____	\$ _____

Would you like to enroll in Dental? Yes _____ No _____

Your Delta Dental Enrollment

Select the dental plan you want. If you choose family coverage, you'll need to tell the Benefits Specialist which eligible family members you want to cover, their social security numbers and birth dates.

11.

Your EyeMed Vision Coverage

EyeMed has over 30,000 vision care providers nationwide, and includes the nation's leading optical retailers such as LensCrafters, Sears Optical and most Pearle Vision locations.

In-Network

- Once every 12 months, you are covered for a complete eye exam when using an in-network provider.
- The Plan offers a \$200 allowance for frames, lenses or contacts.
- There is no deductible.

Out-of-Network

- Once a year, you are covered up to \$50 for a complete eye exam
- The plan offers up to \$100 allowance for frames and lenses.
- The plan offers an allowance up to \$160 for contacts.

Your EyeMed Vision Coverage

Your vision coverage offers coverage for eye exams, lenses and frames once every 12 months. If you use a network provider, you receive a free eye exam and the Plan pays up to \$200 per year for lenses, frames, and contact lenses.

Out-of-Network benefits are also available.

For questions, contact EyeMed Customer Service at 1-866-723-0513. To find an eye care provider near you, visit www.eyemedvisioncare.com.

12.

Your EyeMed Vision Enrollment

	Employee Per Pay Cost	Fulton County Per Pay Cost
	\$ _____	\$ _____

Would you like to enroll in Vision? Yes _____ No _____

Your EyeMed Vision Enrollment

If you elect vision coverage, all eligible family members will be enrolled.

13.

Health Care Flexible Spending Account (FSA)



Do you expect any non-covered medical and dental expenses during the plan year for which you are enrolling?

The Health Care FSA covers unreimbursed eligible health care expenses, such as:

- Deductibles, copays, coinsurance, and expenses in excess of plan maximums.
- Non-covered vision and hearing expenses.
- Prosthetics and durable medical equipment.
- Non-covered prescription medications.
- Any medical expense allowed by the IRS and deductible on your income tax return
- Certain over-the-counter drugs

Per Pay Contribution: \$ _____

Annual Contribution: \$ _____

Estimated Tax Savings: \$ _____

Colonial representatives will be available during open enrollment to help you enroll.

Health Care Flexible Spending Account (FSA)

With your Health Care Flexible Spending Account, you use pre-tax dollars to pay for eligible expenses not covered by your medical, dental and vision plans, such as deductibles, copays, and coinsurance amounts. All eligible family members are covered under this Plan (as long as they are claimed on your federal tax return).

Because of the "use it or lose it" rule, it is important for you to carefully estimate the money you set aside.

The maximum annual contribution is \$5,000. You cannot enroll over the phone; see your Colonial representative.

14.

Dependent Care Flexible Spending Account (FSA)



Do you expect any child or elder care expenses during the plan year for which you are enrolling?

Qualifying expenses include in-home day care, au pair, licensed day care center, preschool, nursery school and elder day care.

Per Pay Contribution: \$ _____

Annual Contribution: \$ _____

Estimated Tax Savings: \$ _____

Colonial representatives will be available during open enrollment to help you enroll.

Dependent Care Flexible Spending Account (FSA)

Through the Dependent Care Flexible Spending Account, you can use pre-tax dollars to pay for the cost of day care for your children (under age 13) or other eligible dependents, such as an elderly parent or disabled spouse in order for you (and your spouse, if married) to work.

The maximum annual contribution is \$5,000. You cannot enroll over the phone; see your Colonial representative.

15.

Pre-Tax Contributions



Employee-paid medical, dental, vision and FSA contributions are deducted on a pre-tax basis. This reduces the income you are taxed on ... leaving more in your paycheck.

Estimated Tax Effect

Your Contributions: \$ _____

Estimated effect on your take-home pay: \$ _____

Pre-Tax Contributions

In general, your contributions for medical, dental, vision and FSA coverage are paid on a pre-tax basis. Because you pay for coverage before federal, state (where permitted) and social security taxes are withheld from your pay, your actual out-of-pocket costs, depending on your tax bracket, may be reduced by approximately 25%!

16.

Long-Term Disability



The Company pays 100% of the cost of this important coverage.

After a 180-day elimination period, you would be eligible for a monthly benefit which is 60% of your base pay or \$ _____, up to the maximum monthly benefit amount of \$5,000.

Your LTD benefit may be reduced by any income benefits from other sources.

Benefits continue until age 65.

Long-Term Disability (LTD)

You are automatically enrolled in this important coverage at no cost to you. After 180 days of continuous disability, the Plan provides a benefit of 60% of your base pay, up to the maximum monthly benefit.

17.

Basic Term Life Insurance and AD&D



Basic Term life insurance is mandatory for all Fulton County employees. To help you pay for coverage, the County covers 75% of the cost.

- Your Basic Term Life benefit is \$50,000.
- You also receive \$50,000 in Accidental Death & Dismemberment coverage.

Plan benefits reduce to \$10,000 when you retire.

Your per pay period cost of coverage is \$ _____.

Basic Life and Accidental Death & Dismemberment (AD&D)

Basic Term life insurance is mandatory for all Fulton County employees. You automatically receive \$50,000 in Life Insurance and AD&D coverage. To make this coverage more affordable, the County pays 75% of the cost.

You must provide the Benefits Specialist with your beneficiary designation for this coverage.

18.

Supplemental Term Life Insurance



If you want additional Term Life insurance, this Plan allows you to elect a higher benefit. You may purchase up to \$150,000 in multiples of \$25,000.

Plan Benefit	Per Pay Cost
\$25,000	\$ _____
\$50,000	\$ _____
\$75,000	\$ _____
\$100,000	\$ _____
\$125,000	\$ _____
\$150,000	\$ _____

Do you want to enroll in Supplemental Term Life? Yes _____ No _____

Supplemental Term Life

If you want to purchase Supplemental Term Life coverage, this plan allows you to purchase up to an additional \$150,000 (in multiples of \$25,000).

If you don't elect this coverage this year, or when first eligible as a new hire, you must provide proof of good health to the insurance carrier if you wish to enroll at a later date. Proof of good health is also required if you wish to increase your life coverage more than one level during open enrollment (for example, from \$25,000 to \$75,000 or from \$50,000 to \$100,000).

If you elect this benefit, the Benefits Specialist will ask for your beneficiary designation.

19.

Dependent Term Life

Coverage

You receive \$10,000 in coverage for your spouse and each covered dependent child.

Per Pay Cost

\$ _____

Do you want to enroll in Dependent Term Life?

Yes _____ No _____



Dependent Term Life

You may elect \$10,000 in term life coverage for your spouse and each dependent child.

You'll need to provide our Benefits Specialist with all the dependents you want covered and their birth dates.

20.

Advantages of Endowment Life (formerly known as Whole Life)

- **No health questions asked.** Full-time active employees can apply for up to \$15/week in coverage with no health questions asked.
- **It builds cash value.**
- **Loan value.** You can take out a policy loan.
- **Coverage for spouse and children and grandchildren.** Even if you don't enroll, you can cover your spouse, children and grandchildren

Advantages of Endowment Life (formerly known as Whole Life)

The Endowment Life Insurance policy, offered by Boston Mutual, is an Interest Sensitive Endowment policy that provides coverage to age 95 (as long as you pay the premiums). If you live to age 95, the policy's death benefit will be paid to you. It is your personal policy that goes with you, even if you leave the County. You may borrow all or part of the policy's loan value. The loan may be used for emergency cash, education, retirement income or other purposes. The cash value can also be used to provide paid-up insurance at retirement.

21.

Endowment Life Insurance

Weekly cost \$4.00 \$8.00 \$12.00 \$ _____

Death benefit _____ _____ _____ _____

Guaranteed cash value at age 65. _____ _____ _____ _____

Do you wish to apply for Endowment Life Insurance?

Yes _____ No _____



Endowment Life Insurance

Coverage is available for employees from \$2 a week up to \$20 (up to \$15 per week with no health questions). Unlike group insurance, you own the Endowment Life policy, regardless of your employment status with Fulton County. If you enroll in even a small amount now, you can, during a later open enrollment period, increase your coverage (up to \$15 per week) with no health questions. Existing policy holders may purchase up to the Guarantee Limit without evidence of insurability.

22.

Voluntary Short-Term Disability (STD)

- You decide when benefits begin — on the 14th or 30th day of a non-work-related accident or sickness.
- Coverage may continue for up to 180 days.
- The Plan pays 60% of your base pay, which is \$ _____, up to the maximum monthly benefit of \$6,000.
- Buy-Up option: Increase your STD coverage to \$200 per month, up to the maximum limit.

Voluntary Short-Term Disability (STD)

With this benefit, offered through Boston Mutual, you receive coverage for an off-the-job accident or illness. You may purchase up to 60% of your base pay, up to the maximum monthly benefit. Benefits continue for up to 180-days when the County's Long-Term Disability Plan begins paying benefits.

Note: This benefit is also available through other County-approved companies.

23.

Voluntary Short-Term Disability Enrollment



Level of Coverage	Employee Per Pay Cost	
14-day Elimination Period	\$	_____
30-day Elimination Period	\$	_____
Buy-Up Option of \$200/month	\$	_____
Would you like to enroll in STD with a 14-day elimination period?	Yes _____	No _____
Would you like to enroll in STD with a 30-day elimination period?	Yes _____	No _____
Would you like to enroll in the Buy-Up Option?	Yes _____	No _____

Voluntary Short-Term Disability Enrollment

Select whether you want STD coverage. You'll need to elect the elimination period you want, as well as if you want to enroll in the Buy-Up option. Existing policy holders may purchase an additional \$200 of monthly coverage, income permitting, not subject to insurability.

Be sure and write down your specific plan information in the spaces provided.

24.

Critical Illness Insurance

If you elect this coverage, you will receive a lump sum payment upon the first diagnosis of a covered condition. (There are some limitations on the manner in which this benefit will be paid, as your Benefits Specialist will explain.)

The plan pays benefits for the following conditions:

- Heart Attack
- Stroke
- Major Organ transplant
- Kidney failure (end stage)
- Internal Cancer
- and more!

The Plan also pays up to \$50 for any of several covered screening tests per year.

Critical Illness Insurance

By electing this insurance, you receive a lump sum benefit for a covered condition diagnosed after your coverage becomes effective. If you collect the full amount for a covered Critical Illness and later have one of the remaining illnesses, the Plan will pay the full amount for any additional covered illness (if separated by at least six months). If you receive the full benefit for a covered condition and are later diagnosed with the same condition, the Plan will pay the full benefit again. The two dates of diagnosis must be separated by at least 12 months.

25.

Critical Illness Insurance

You choose the benefit amount you want, from \$5,000 to \$50,000. Spend the lump sum payout any way you want It's up to you.

Critical Illness Benefit	Weekly Cost
\$5,000	\$ _____
\$10,000	\$ _____
\$20,000	\$ _____
\$30,000	\$ _____
\$40,000	\$ _____
\$50,000	\$ _____
Other Values \$ _____	\$ _____
or	
Waive Coverage _____	

Critical Illness Insurance

You choose a benefit amount. The money can be spent any way you want – for hospital bills, household expenses, lost wages, experimental medical procedures ... *it's completely up to you.*

At the time you enroll, a few health questions will be asked that may determine the maximum benefit you can elect. Boston Mutual will notify you of your approved amount of coverage.

As a new hire, you can purchase \$5,000 of coverage with no health questions.

26.

Other Important Benefits

In addition to the benefits already mentioned, you also have other important benefits, including:

- **Employee Assistance Program:** Take advantage of 8 free confidential counseling visits to help you and your dependents with a variety of personal concerns. Also legal services, financial services and referrals and information on child care and parenting. For more information, contact BlueCross BlueShield of Georgia at 1-800-999-7222 or go online at www.wellpoint.com/yourEAP (password is Fulton). Coverage is automatic for you and your family members.
- **Mental Health/Substance Abuse Benefits:** These benefits (included in the Medical plan summaries on pages 17 and 18) are available to all Fulton County active or retired employees and their dependents who are participating in the Medical plan. For additional information or authorization, please call 1-800-474-2227.

Other Important Benefits

Fulton County offers a variety of important benefits, such as:

- Employee Assistance Program (EAP)
- Mental Health Benefits

27.

Other Important Benefits (continued)

- **Transit Benefit:** Use pre-tax dollars to pay for transit expenses in order for you to work, including your monthly parking or vanpool expenses. Simply submit your receipts with the appropriate reimbursement form, and you will be reimbursed on a monthly basis from your account. The maximum monthly contribution is \$105 for commuting/transit expenses and \$205/month for parking. For more information, contact Ceridian at 1-877-548-7788.
- **Tonik Health Plans:** For your children age 19 – 29 without health insurance, Tonik offers short-term, affordable coverage (as low as \$79/month) for everyday medical services such as doctor visits, prescription drugs, ER, dental, eye care, and even knee surgery. For additional information, call 1-404-923-3150 (ID number ID07845) or go online at www.viholt.com and click on Tonik Health.

Other Important Benefits (continued)

The County also provides the following benefits:

- Transit Benefits, and
- Tonik Health Plans

Take the time to read about each of these other important benefits so you'll fully understand all the coverages and benefits available to you and your family.

28.

Voluntary Products

Voluntary benefits such as Short-Term Disability, Accident, Universal Life and Critical Illness may be offered through Aflac, Allstate, and Colonial Insurance.

If you are interested in learning about and/or enrolling in voluntary products, call:

Aflac: 1-800-992-3522
 Allstate: 1-800-521-3535
 Colonial: 1-770-938-7767.

Voluntary Products

If you are interested in voluntary products, such as Short-Term Disability, Accident insurance, Universal Life and Critical Illness coverage, call Aflac, Allstate or Colonial Insurance for more information.

29.

Your Enrollment Summary

Plan Name	Coverage Level	Per Pay Contribution
Medical _____	_____	\$ _____
Dental Delta Dental	_____	\$ _____
Vision EyeMed	_____	\$ _____
Medical FSA	_____	\$ _____
Dependent Care FSA	_____	\$ _____
Long-Term Disability		Company-Paid
Basic Term Life	\$50,000	\$ _____
Supplemental Term Life	_____	\$ _____
Dependent Term Life	_____	\$ _____
Endowment Life (formerly known as Whole Life)	_____	\$ _____
Short-Term Disability		
	<input type="checkbox"/> 14-day Elimination	\$ _____
	<input type="checkbox"/> 30-day Elimination	\$ _____
	<input type="checkbox"/> Buy-Up Option	\$ _____
Critical Illness	_____	\$ _____
EAP		Company-Paid
TOTAL PER PAY PREMIUM		\$ _____

Enrollment Summary

Let's review the choices you selected. Be sure to write down your selections in your workbook.

30.

Confirmation Statement

Your confirmation number is _____.

Your confirmation statement will be available at <http://fulton.benefitconfirms.com> after 24 hours.

Be sure to review your confirmation statement carefully.

If you see anything that needs to be corrected, call the Fulton County Enrollment Center at **1-888-458-8992 immediately.**

Remember to save the confirmation statement so you have a record of your elections.

Confirmation Statement

Once you enroll, your confirmation statement will be available at <http://fulton.benefitconfirms.com> after 24 hours.

You are responsible for reviewing the confirmation statement to ensure it accurately reflects your choices.

If you see anything that needs to be corrected, call the Fulton County Enrollment Center at **1-888-458-8992 immediately.**

Benefits Information

Eligibility

Permanent employees, who work at least 50% of a scheduled work week, are eligible for benefits.

Dependent Eligibility

Eligible dependents include your spouse/domestic partner and children as defined below:

- Legally-married spouse.
- Domestic partner. If you wish to enroll your domestic partner, you must first complete a domestic partner affidavit and submit to the County's Employee Benefits Division. The affidavit is available from the Clerk to the Commission office.

Domestic Partner: A domestic partner is of the same sex with whom you are in a certified committed relationship.

- Unmarried children to age 19 who depend on you for their principal financial support, including natural, adopted, and stepchildren living with you. Also, full-time students are eligible (defined as children age 19 – 25 attending college for five months or more (or were prevented from attending due to illness or injury). Proof will be required for student verification.
- Eligible children with a mental or physical handicap that occurred before the child's 19th birthday, and who are incapable of self-sustaining employment. (Please note: you are required to provide a doctor's verification of your child's disability.)

When Benefits Begin

Medical, Dental and Vision: Benefits begin on the first day of the month in which you receive two paychecks.

Example: If you receive two paychecks in October, benefits begin on October 1st. If you are hired in the middle of October and receive one paycheck in October, benefits begin on November 1st.

Life Insurance and Long-Term Disability: Benefits begin one month after you become eligible for Medical coverage.

Endowment Life through Boston Mutual takes effect when the application is signed, subject to Guaranteed Issue limits.

Voluntary Short-Term Disability through Boston Mutual takes effect as of the issue date of coverage, February 1, 2009.

Critical Illness through Boston Mutual takes effect on the date signed, subject to a 30-day waiting period.

Making Changes

No changes are allowed to your pre-tax benefit elections during the plan year, except for a qualified status change event. A qualified status change that could result in changes to your coverage includes:

- Marriage, divorce, or legal separation
- Birth, adoption, or legal guardianship of a child
- Death of a spouse or child
- End of a dependent's full-time student status
- Your spouse's loss or gain of employment that affects benefits
- Loss of other group medical coverage if previously you did not elect coverage under this Plan
- Medicare entitlement

If you have a qualified status change, you must notify Fulton County's Benefit Office at 1-404-612-7605 within 31 days of the change. If you do not do so within 31 days, you must wait until the next open enrollment period to make changes to your pre-tax elections.

Please note that the IRS requires that any 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. You can review a confirmation of your elections by going online at <http://fulton.benefitconfirms.com>.

Your Medical Benefits

Fulton County cares about you and your family's well-being. That's why the Company offers comprehensive, affordable medical coverage for you and your dependents.

As an eligible employee, you have a choice of two BlueCross BlueShield medical plans:

- BlueChoice HMO
- BlueChoice PPO

How the Plans Work

- **BlueChoice HMO:** This Plan offers a variety of health-care services and generally, you pay only a small copay. The Plan strongly emphasizes preventive care (e.g., routine physical exams and well baby care) and does not require claim forms. You select a primary care physician (PCP) and that doctor provides most of your care and refers you to a specialist when needed. If you don't elect a PCP when enrolling, one will be assigned to you. At anytime, you can call to change your PCP. If you call before the 25th of month, the change will take effect on the 1st of the following month. Keep in mind, no benefits are payable if you receive care outside the HMO network.
- **BlueChoice PPO:** Each time you seek care under the PPO, you have the freedom of using participating network providers or using providers outside the network. After you meet the deductible, the Plan pays a percent of covered expenses up to the annual Out-of-Pocket Maximum. Once you reach the annual maximum, all remaining expenses for the year are paid at 100%. If you use an in-network provider, the plan pays a higher percentage of the cost of care.

Prescription Drug Coverage

Your prescription drug coverage is offered through CIGNA when you enroll in a Fulton County medical plan. A separate ID card for your prescription drug program will be mailed to your home.

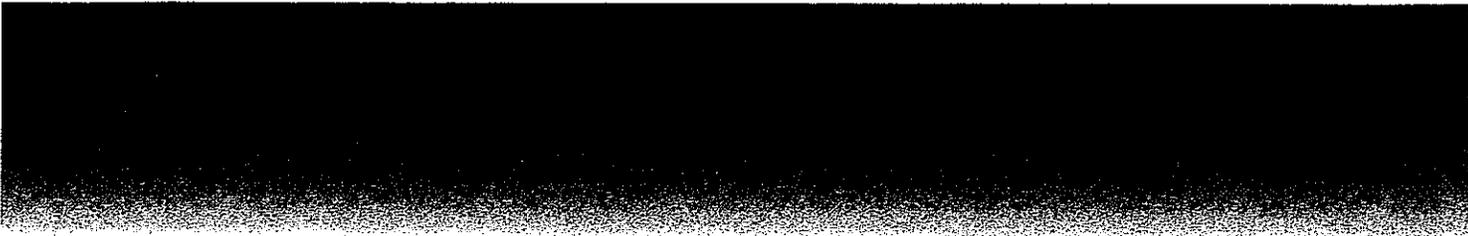
You have the opportunity of using both the Retail and Mail Order Drug Program.

- **Retail:** A 30-day supply of your medication for immediate and short-term prescription drug needs. Most retail pharmacies are in the CIGNA network. You can find in-network pharmacies online at www.cigna.com or by calling customer service at 1-800-622-5579.
- **Mail Order:** A 90-day supply of your medication for ongoing medical conditions (such as high blood pressure, asthma, etc.).

Under the Plan, you have a choice of using generic or brand-name drugs. If you request a brand-name drug when a generic is available, you will pay the brand copay plus the difference in cost between the generic drug and the cost of the brand-name drug.

Example: If you are currently taking a 30-day supply of a brand-name drug that costs \$100 and its generic equivalent is available for \$30, you will pay \$95 for your prescription:

\$25 brand-name copay *PLUS* \$70 (the difference in cost between the generic at \$30 and the brand name at \$100).



Mental Health/Substance Abuse Benefits

Benefits shown in the following Plan overviews are available to all Fulton County active or retired employees and their dependents who are participating in the Medical plan. For additional information or authorization for benefits, please call 1-800-474-2227.

Reviewing Your Options

The following charts show the benefit levels of coverage of each medical plan. Please review them carefully.

Your BlueChoice HMO

Benefits

Annual Deductible

- Individual ■ None
- Family ■ None

Annual Out-of-Pocket Maximum

- Individual ■ None
- Family ■ None

Lifetime Maximum

Unlimited

Outpatient Doctor Visit

Plan pays 100% after \$20 copay

Preventive Care

- Physical Assessments ■ Plan pays 100% after \$20 copay
- Well Child Care ■ Plan pays 100% after \$20 copay
- Immunizations ■ Plan pays 100% after \$20 copay
- Mammograms, Pap Tests ■ Plan pays 100% after \$20 copay
- Prostate Exam ■ Plan pays 100% after \$20 copay (if medically appropriate)

Hearing Aid Benefit

Plan pays 100% up to \$2,000 annual maximum

Outpatient Lab & X-Ray

Plan pays 100%

Hospital Emergency Room (waived if admitted)

Plan pays 100% after \$50 copay

Inpatient Hospitalization

Plan pays 100% after \$50 per admission copay

Outpatient Surgical Facility (per visit)

Plan pays 100% after \$50 copay

Maternity Care

- Pre/Post Delivery Exams Plan pays 100% after \$20 copay for initial visit
- Delivery Plan pays 100% after \$50 copay per admission
- Plan pays 100% after \$50 copay for professional fees/doctor

Skilled Nursing Facility

Plan pays 100% (up to 120 days/year)

Home Health Care

Plan pays 100% (up to 120 days/year)

Mental Health Benefits

- Outpatient ■ Plan pays 100% after \$20 copay (up to 30 visits maximum/year)
- Inpatient ■ Plan pays 100% (up to 30-days maximum/year)
- Intermediate/Alternative Care ■ Plan pays 100% with a 2 to 1 ratio on the 30 day/visit limit.

Prescription Drugs

Participating Pharmacy through CIGNA

Retail

- Generic ■ \$7 copay
- Preferred Brand Name ■ \$20 copay
- Non-Preferred Brand Name ■ \$35 copay
- Self-Administered Injectable Product ■ \$50 copay

Mail Order

- Generic ■ \$15 copay
- Preferred Brand Name ■ \$40 copay
- Non-Preferred Brand Name ■ \$75 copay
- Self-Administered Injectable Product ■ \$100 copay

Your BlueChoice PPO

Benefits	In-Network	Out-of-Network
Annual Deductible		
<ul style="list-style-type: none"> ■ Individual ■ Family 		<ul style="list-style-type: none"> ■ \$200 ■ \$400
Annual Out-of-Pocket Maximum (includes deductible)		
<ul style="list-style-type: none"> ■ Individual ■ Family 		<ul style="list-style-type: none"> ■ \$1,500 ■ \$3,000
Lifetime Maximum	\$1 million	
Outpatient Doctor Visit	Plan pays 80% after deductible	Plan pays 60% after deductible
Preventive Care		
<ul style="list-style-type: none"> ■ Physical Assessments ■ Well Child Care ■ Immunizations ■ Mammograms, Pap Tests ■ Prostate Exam 	<ul style="list-style-type: none"> ■ Not Covered ■ Plan pays 80% after deductible (up to age 5) ■ Plan pays 80% after deductible ■ Plan pays 80% after deductible ■ Plan pays 80% after deductible (when medically appropriate) 	<ul style="list-style-type: none"> ■ Not Covered ■ Plan pays 60% after deductible (up to age 5) ■ Plan pays 60% after deductible ■ Plan pays 60% after deductible ■ Plan pays 60% after deductible (when medically appropriate)
Hearing Aid Benefit	Plan pays 80%, no deductible	Plan pays 80%, no deductible
Outpatient Lab & X-Ray	Plan pays 80% after deductible	Plan pays 60% after deductible
Hospital Emergency Room (waived if admitted)	Plan pays 80% after \$50 copay per visit, waived if admitted	Plan pays 80% after \$50 copay per visit, waived if admitted
Inpatient Hospitalization	After \$50 copay, Plan pays 80% after deductible	After \$50 copay, Plan pays 60% after deductible
Outpatient Surgical Facility (per visit)	After \$50 copay, Plan pays 80% after deductible	After \$50 copay, Plan pays 60% after deductible
Maternity Care		
<ul style="list-style-type: none"> ■ Pre/Post Delivery Exams ■ Delivery 	After \$50 copay, Plan pays: <ul style="list-style-type: none"> ■ 80% after deductible ■ 80% after deductible 	After \$50 copay, Plan pays: <ul style="list-style-type: none"> ■ 60% after deductible ■ 60% after deductible
Skilled Nursing Facility	Plan pays 80% after deductible (up to 120 days/year)	Plan pays 80% after deductible (up to 120 days/year)
Home Health Care	Plan pays 80% after deductible (up to 120 days/year)	Plan pays 80% after deductible (up to 120 days/year)
Mental Health Benefits		
<ul style="list-style-type: none"> ■ Outpatient (30 visits max) ■ Inpatient (30 days max)* ■ Intermediate/Alternative Care* *Requires prior authorization	<ul style="list-style-type: none"> ■ Plan pays 80% after deductible ■ Plan pays 80% after deductible ■ Plan pays 80% after deductible 	<ul style="list-style-type: none"> ■ Plan pays 60% after deductible ■ Plan pays 60% after deductible ■ Plan pays 60% after deductible
Prescription Drugs		
Participating Pharmacy through CIGNA		
Retail		
<ul style="list-style-type: none"> ■ Generic ■ Preferred Brand Name ■ Non-Preferred Brand Name ■ Self-Administered Injectable Product 		<ul style="list-style-type: none"> ■ \$7 copay ■ \$20 copay ■ \$35 copay ■ \$50 copay
Mail Order		
<ul style="list-style-type: none"> ■ Generic ■ Preferred Brand Name ■ Non-Preferred Brand Name ■ Self-Administered Injectable Product 		<ul style="list-style-type: none"> ■ \$15 copay ■ \$40 copay ■ \$75 copay ■ \$100 copay

Your Delta Dental Plan

A clean, happy smile requires regular dental care and check-ups. Fulton County knows that dental care is an important part of your overall health and offers a comprehensive Dental Plan to fit your coverage needs through Delta Dental.

How the Plan Works

Delta Dental Plan: Under the Plan, you receive comprehensive coverage and have the freedom to visit any licensed dentist you want. You can receive dental care anywhere in the world, change dentists at any time, and see a dental specialist of your choice. However, there are special advantages to choosing a network dentist.

- **When you receive care from an in-network dentist**, there are no claim forms to complete. You simply pay the deductible and/or copay required.
- **If you visit an out-of-network dentist**, you are responsible for paying the difference if your dentist charges more than Delta Dental's pre-approved network fees. You also may have to pay the entire bill at the time of treatment and wait for reimbursement.

Delta Dental Summary

Delta Dental Plan Features	Member Copay
Calendar Year Deductible <ul style="list-style-type: none">■ Individual■ Family	<ul style="list-style-type: none">■ \$50■ Up to \$150
Calendar Year Maximum	\$1,500 per individual
Diagnostic & Preventive	100% of reasonable & customary expenses
General Services	85% of reasonable & customary expenses
Major Services	50% of reasonable & customary expenses
Orthodontia <ul style="list-style-type: none">■ Deductible■ Lifetime Maximum	<ul style="list-style-type: none">■ \$50 per person■ \$1,500 per individual

Questions?

When you enroll, an ID card will be mailed to your home. For additional information, call Delta Dental Customer Service at 1-800-616-3631 or go online at www.deltadentalins.com for the most recent provider directory.

Your EyeMed Vision Plan

There's no underestimating how important is your eyesight. That's why Fulton County offers vision coverage through EyeMed Vision Care.

How the Plan Works

With EyeMed Vision Care, you have access at over 30,000 vision care providers nationwide at 16,000 locations, including optometrists, ophthalmologists, opticians and the nation's leading optical retailers, such as LensCrafters, Sears Optical, and most Pearle Vision locations.

Your vision coverage offers coverage for eye exams, lenses and frames once every 12 months. If you use a network provider, you receive a free eye exam and the Plan pays up to \$200 per year for lenses, frames, and contact lenses. There is no deductible. You even receive a 20% discount on items not fully covered by the Plan when you use an in-network provider.

Using the Plan is easy. Simply locate a provider near you and schedule an appointment. Present your Member ID card at the provider office or location.

Your EyeMed Vision Care Plan

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

Finding a Provider Near You

When you enroll, an ID card will be mailed to your home. For more information or to locate an eye care provider near you, contact EyeMed Customer Service at 1-866-723-0513 or go online at www.eyemedvisioncare.com.

Flexible Spending Accounts

Fulton County offers you the opportunity to participate in the Health Care Flexible Spending Account, the Dependent Care Flexible Spending Account, or both. With both Flexible Spending Accounts, you can set aside money each calendar year to pay for non-reimbursable expenses on a pre-tax basis — *before* the money in your paycheck is taxed.

When you have an eligible expense, simply submit a claim form and you'll be reimbursed with tax-free dollars from your account. It's the easiest way to cut your taxes. When you pay fewer taxes, you have more money in your pocket to save or spend. It's easy and so flexible ... that flexibility is part of the name!

How Much Can You Contribute?

	Health Care Account Annual Limit	Dependent Care Account Annual Limit
Annual Minimum	\$1	\$1
Annual Maximum	\$5,000	\$5,000 (or \$2,500 if you are married and file separately)

Health Care Spending Account

You can use your Health Care Spending Account to pay for expenses not covered by your medical plan, such as deductibles, copays, coinsurance, non-covered vision and hearing expenses, prosthetics and durable medical equipment, non-covered prescription medications [including vitamins (if prescribed by a doctor)], even over the counter medications. In general, anything considered a medical expense for income tax purposes is eligible.

Examples of expenses *not* eligible for your Health Care Spending Account include meals and lodging while away from home for medical treatments, health club membership fees, insurance Contributions, and cosmetic surgery.

Dependent Care Spending Account

Through the Dependent Care Account, you can use tax-free dollars to pay for the cost of day care for your children (under age 13) or other eligible dependents, such as an elderly parent or disabled spouse.

Expenses that qualify for reimbursement include:

- Care provided in your home, as long as you do not claim the caregiver as a dependent on your federal income tax return.
- Services provided outside your home for a dependent that regularly spends at least eight hours a day in your home.
- Both parents (if married) must work outside the home in order to be eligible to participate in the Dependent Care Spending Account.

Dependent Care Tax Facts

Depending on your personal tax situation, it may be more beneficial for you to use the Dependent Care Account or the dependent care tax credit on your federal income tax form. It's always a good idea to check with your tax advisor to see which program is best for you.

How Your Money is Reimbursed

To receive reimbursement from your account, you need to submit receipts along with the appropriate reimbursement form to Colonial, the FSA administrator. When you enroll, reimbursement forms will be mailed to your home. If you have additional questions, you can call Colonial at 1-770-938-7767.

Keep These Important Rules in Mind

The government imposes certain restrictions on Flexible Spending Accounts to give you the following pre-tax advantages.

- You lose any unused portion of your account balance remaining at the end of the year. Because of this **"use it or lose it"** rule, it is important for you to carefully estimate the money you set aside. You have until March 15th of the following year to submit all expenses incurred during the preceding year. Eligible claims need to be postmarked no later than March 15th to be eligible for reimbursement.
- Amounts are held in separate Health Care and Dependent Care Spending Accounts, and balances cannot be moved back and forth between accounts.
- You can increase, decrease, suspend or enroll mid-year only if you have a qualified life status change (e.g., marriage, divorce, death, birth or adoption of a child, or a change in your or your spouse's employment).

Questions or To Enroll

For more information, call Colonial at 1-770-938-7767. Flexible Spending Accounts cannot be enrolled over the phone. Instead, Colonial representatives will be available during open enrollment to help you elect this coverage.

Long-Term Disability Coverage

No one plans to become disabled, but if an unexpected accident or injury renders you unable to work, you have the security of Fulton County's Long-Term Disability coverage, provided by the County at no cost to you. This coverage pays a portion of your pay when you can no longer work due to a non-work-related illness or injury that lasts beyond 180 days.

After a 180-day elimination period, you would be eligible for a monthly benefit which is 60% of your base pay. The maximum benefit amount is \$5,000. Benefits continue until age 65.

Coverage is automatic; no enrollment is necessary.

Your County benefits may be reduced by any income benefits from other sources.

Life Insurance

Basic Life and Accidental Death & Dismemberment (AD&D)

Your Basic Term Life and AD&D is mandatory — which means you must enroll in this coverage. However, to make it easy to afford, the County pays 75% of the cost of coverage. You pay only 25%.

Your Basic Life benefit is \$50,000. You also receive \$50,000 in AD&D coverage.

Supplemental Term Life

If you need more life insurance than your Basic Life amount, you may purchase Supplemental Life Insurance on an after-tax basis. You may purchase up to an additional \$150,000 in multiples of \$25,000.

If you purchase Supplemental Life when you are first eligible, no proof of good health is required. However, if you waive coverage and then wish to enroll at a future enrollment period, proof of insurability is required.

Fulton County employees can increase coverage in multiples of \$25,000, up to a maximum of \$150,000 with no proof of good health!

Dependent Term Life Insurance

You may also elect \$10,000 in coverage for your spouse and each dependent child on an after-tax basis, all for one low price.

Endowment Life Insurance

(formerly known as Whole Life)

Many families wonder if they have enough life insurance coverage ... or the right kind. That is why Fulton County is providing you the opportunity to purchase a life insurance policy that provides long-term financial protection for you and your entire family. The policy builds cash value.

With payroll deductions starting at \$2 a week, you can purchase coverage without the worry of premium notices in your mailbox, checks to write or postage to pay.

Unlike group insurance, you personally own the Endowment Life policy.

Coverage Amount

Employee

Coverage is available from \$2 to \$20 per week. Full-time employees can apply for up to \$15 per week in coverage with no health questions asked (less any policies currently in force). Any amount over the \$15 per week requires evidence of insurability.

If you enroll for even a small amount now, you are guaranteed that during a later open enrollment period, you can increase your coverage up to a maximum of \$15 a week with no health questions! However, if you decline now and want to enroll at a later date, evidence of insurability will be required.

Family

- **Spousal coverage** is available from \$2 to \$15 per week. You can enroll your spouse for up to \$4 per week in coverage if he/she has not been hospitalized in the last six months or treated at a medical facility on an inpatient or outpatient basis within the last six months. Any amount over the \$4 per week requires evidence of insurability.
- **Coverage for children and grandchildren** is from \$1 to \$5 per week.
 - *Children:* For children age 15 days to 15 years old, coverage is available for \$2 per week with no health questions asked. For children ages 16 – 21 (23 if a full-time student), coverage is available for \$1 per week with no health questions asked.
 - You can also purchase coverage for your children on a term life basis, with a rider attached to your own policy, instead of purchasing a separate policy.
 - *Grandchildren:* For grandchildren age 15 days to 15 years old, coverage is available for \$1 per week with no health questions asked.

The coverage limits are subject to amounts for policies already in force. The maximum coverage per individual is \$126,000.

Eligibility

You are eligible if you are a full-time employee between the ages of 18 and 70.

The following dependents are also eligible:

- Your legal spouse between the ages of 18 and 70.
- Your unmarried dependent children include natural or adopted children, stepchildren who depend on you for support, from 15-days-old until age 21 (or age 23 if a full-time student).
- Your grandchildren ages 15-days-old to age 15. Written permission from the child's parent is required for amounts over \$2 per week.

Advantages of Endowment Life

Some of the advantages of this Endowment Life Insurance plan are:

No health questions asked. As an eligible active employee, you can apply for up to \$15 in coverage with no health questions asked.

Portable benefits. Even if you retire or leave the County, you can continue the coverage. You simply make direct payments to the insurer.

The policy builds cash value. Each year after your policy anniversary, you will receive a statement to keep you informed of all your policy values.

Loan Value. After premiums have been paid for two-three years and a value is established, you may borrow against the policy loan value for emergency cash, education, retirement income or any other purpose. (Interest will be charged on the loan at 8% and the loan will reduce your death benefits.)

Accelerated Death Benefit. This feature pays an advance on your Endowment Life Insurance benefit if a physician certifies you as having a life expectancy of 12 months or less. The original diagnosis must occur after your coverage begins. The maximum payout is \$50,000. Your coverage face amount will be reduced by any paid advance and the remainder, if any, will be paid to your beneficiary following your death.

Coverage for Spouse and Children. Even if you don't enroll, you can cover your spouse and children (where permitted by state law).

Waiver of Premium (Optional): If you become totally disabled before age 60 and your disability lasts at least six months, your coverage will continue without premium payments for as long as you are disabled.

The Endowment Life Insurance Plan is offered through Boston Mutual Insurance Company. Policy Series END-95 (ESO) (9/00)

If you have any additional questions on this benefit you can contact Boston Mutual at 1-800-669-2668.

Voluntary Short-Term Disability Coverage

If you become disabled due to an off-the-job accident or sickness, your Short-Term Disability coverage, offered through Boston Mutual Life Insurance Company, provides important income protection.

Under the Plan, you have a choice of when benefits begin:

- After 14 days of a disability
- After 30 days of a disability

After you meet the elimination period (14 or 30 days), the Plan pays 60% of your base monthly salary, up to a maximum benefit of \$6,000 per month.

You also may elect the Buy-Up Option, which increases your STD benefit by \$200 a month. Of course, you cannot exceed the \$6,000 monthly benefit maximum limit.

If you enroll when first eligible, no health questions will be asked. If you enroll at a later date, evidence of insurability will be required. Once you elect a plan with a 14-day elimination period, you cannot later enroll in the plan with a 30-day elimination period, and vice versa.

Short-Term Disability Income Coverage

A monthly disability benefit will be payable to you in the event of a Total Disability resulting from a covered accident or sickness.

Definition of Total Disability” (or Totally Disabled): During the first 12 months of Total Disability (depending on your plan) that you are unable to perform the material and substantial duties pertaining to your employment. After that, “Total Disability” means you are unable to perform the material and substantial duties of any occupation for wage or profit for which you are reasonably qualified by training, education, or experience.

Eligibility

All active full-time members and employees of members working 25 hours or more per week, who are under age 70, and who have satisfied the waiting period are eligible to apply.

Effective Date of Coverage

Certificates issued will take effect on the requested effective date or the date of approval, whichever is later, provided the first premium has been paid. The effective date of coverage will be the first of the month.

You must be on Active Service on the date your coverage would become effective, otherwise the insurance will become effective on the first day of the calendar month after the date you resume Active Service.

Definition of Active Service: You are doing in the usual manner all of the substantial and material duties of your employment on a full-time basis on a scheduled work day or would be able to do so if it were a scheduled work day.

Limitations

The sum of the Disability Benefits payable to you plus the lump sum or periodic payments you and your dependents are entitled to receive from the sources listed below may not exceed 60% of your monthly salary being earned by you on the date of disability:

- Like coverage for persons in a group;
- Federal Social Security Act (this includes benefits paid to you and your dependents on account of your disability);*
- State or Federal government disability or retirement plan or increases thereof which begin on or after the date of Total Disability;
- Pension plan to which the policyholder or your employer contributes or makes payroll deductions;
- Salary or wage continuance plans such as sick leave paid for by the policyholder or your employer which extend beyond 30 calendar days and;
- Federal Old Age Benefits, or increases which begin on or after the date of Total Disability, under the Federal Social Security Act on your own behalf.*

** Unless you show proof that payments under these acts have been applied for but will not be paid, the Company will assume you are covered under the Federal Social Security Act and are receiving such payments. Upon receipt of proof of denial of your Social Security benefits request and appeal, the Company will adjust any claim for the amount the Company originally estimated to be paid under Social Security.*

Federal Social Security increases which take effect after the monthly disability benefits become payable will not further reduce benefits under this plan.

The minimum Disability Benefit payable will be reduced to no less than \$100.00 (except as specified under the conditions of the Partial Disability Benefit).



Exclusions

The policy does not cover any loss, fatal or non-fatal, which results from:

- Intentionally self-inflicted injury while sane or insane;
- An act of war, declared or undeclared;
- Accident sustained or sickness contracted while in the service of the armed forces of any country;
- Committing a felony;
- Acting as a pilot or crew member or for performing any duty of your occupation connected with such flight;
- Accident or sickness arising out of or in the course of any occupation for wage or profit;
- Penal incarceration for a period of 30 consecutive days or longer;
- Any period which you are not under the regular care and attendance of a physician.

Mental Illness Limited Benefit

If you are Totally Disabled due to a mental illness, regardless of the cause, Disability Benefits are payable for 1/2 of the benefit period.

Alcohol and Drug Addiction Limited Benefit

If you become Totally Disabled due to alcoholism or drug addiction, a limited benefit of up to 15 days in any 12-month period will be paid.

Waiver of Premium

If you become Totally Disabled due to a covered accident or sickness, your insurance will be continued without payment of premium. Waiver of Premium will begin the first of the month following the later of:

- Satisfaction of the elimination period; or
- 90 days of continuous Total Disability, provided premium has been paid from the beginning of Total Disability to the date Waiver of Premium begins.

Waiver of Premium will continue until the earliest of:

- The end of your Total Disability;
- The end of the maximum disability benefit period;
- The end of the period for which benefits would otherwise be payable;
- The date the policy terminates; or
- The date your employment or membership with the policyholder ends, as determined by your employer.

The Company will require proof on an annual basis that you remain Totally Disabled during said period.

Partial Disability Benefit

A Partial Disability Benefit will be paid if you become Partially Disabled due to a covered accident or sickness.

Payment of the Partial Disability Benefit is subject to the following conditions:

- The elimination period for Total Disability must be satisfied.
- Partial Disability Benefits will be payable beginning the first day following cessation of Total Disability.
- The Partial Disability must be the result of the same accident or sickness which caused Total Disability.
- The Partial Disability Benefit will be payable for a maximum of three consecutive months; however, the combined period of time for which benefits are payable for Total Disability and Partial Disability may not exceed the maximum disability period.
- The Partial Disability Benefit will be equal to 50% of the Disability Benefit; however, the sum of the Partial Disability Benefit, the salary earned while receiving Partial Disability Benefits, and income from all other sources listed in Limitations may not exceed 100% of your pre-disability salary. In this event, the minimum disability benefit, if any, will not be payable.

Definition of Partial Disability (or Partially Disabled): You must be able to perform one or more, but not all, of the material and substantial duties of your occupation on a full-time or part-time basis or able to perform some or all the duties of another occupation on a full-time or part-time basis.

Pre-Existing Condition Limitation

There will be no Disability Benefit payable for a Pre-Existing Condition during the first 12 months of coverage. This limitation will be waived after you have been continuously insured under the policy for one year.

“Pre-Existing Condition” means a disease, accident, sickness, or physical condition for which you:

- Had treatment;
- Incurred expense;
- Took medication; or
- Received a diagnosis or advice from a physician, during the 12 month period (depending on your plan) immediately before the Effective Date of your coverage. The term “Pre- Existing Condition” will also include conditions which are related to such disease, accident, sickness, or physical condition.

Termination of Insurance

Your insurance coverage will end on the earliest of these dates:

- The date you do not qualify as an Insured;
- The date you retire;
- The date you are no longer a member in good standing of the policyholder;
- The date you cease to be on Active Service, or three months plus the partial month remaining, following the date you cease to be on Active Service;
- The end of the last period for which premium has been paid; or
- The date the policy is discontinued.

If you have any additional questions on this benefit you can contact Boston Mutual at 1-800-669-2668. Policy Form GIDP499, GA.

This is a brief description of the coverage. For actual benefits, limitations, exclusions, and other provisions, please refer to the policy or certificate 01070109.

Note: This benefit is also available through other County-approved companies.

Critical Illness Insurance

Cancer, heart attack, stroke, and other critical illnesses are life-changing events. Medical coverage will help pay a large portion of your medical expenses, but what about the out-of-pocket medical expenses? Health insurance is not generally designed to cover many of the sizable expenses which frequently accompany a critical illness — costs due to lost wages, experimental treatment, in-home care. These expenses place an increased burden on patients and families. The Critical Illness Plan, offered through Boston Mutual, can *complement* your medical coverage with a single cash benefit payment.

With the Critical Illness Plan, you select the amount of the benefit — from \$5,000 to \$50,000 (in multiples of \$5,000). There are no deductibles and you'll receive your cash benefit regardless of any medical plan you have. *You* decide how the money should be spent.

At the time you enroll, a few health questions will be asked that may determine the maximum benefit you can elect. You'll be notified if you have been approved for coverage and how much coverage will be issued.

Eligibility

You are eligible if you are a full-time employee between the ages of 18 and 69.

The following dependents are also eligible:

- Your legal spouse between the ages of 18 and 69.
- Your dependent children who are unmarried and less than 25 years of age. However, if any dependent child is incapable of self-sustaining employment due to mental retardation or physical handicap and is dependent on you for support, the 25 years of age shall not apply. Proof of such incapacity and dependency must be furnished to the Company within 31 days following your dependent's 25th birthday.

Important Plan Features

- **Lump-sum benefits** — from \$5,000 to \$50,000 — paid directly to you following the diagnosis of each covered critical illness.
- **Dependent Coverage** — Spouse coverage available for up to \$25,000. Each dependent child is covered at 10 percent of the employee's amount at no additional charge.
- **Annual health screening benefits included.**
- **Activities of Daily Living Benefit** pays \$1,000 per month up to five years to a maximum of \$60,000.
- **Rates do not increase** when you change age bands.

How the Plan Works

First Occurrence Benefit

After the Waiting Period, you may receive up to 100% of the benefit selected upon the first diagnosis of each covered critical illness. At age 70, benefits are reduced by 50%.

Covered Critical Illnesses	
Illnesses Covered Under Plan	Percentage of Face Amount
Heart Attack	100%
Stroke	100%
Major Organ Transplant	100%
Renal Failure (End Stage)	100%
Internal Cancer	100%
Carcinoma in situ**	25%
Coronary Artery Bypass Surgery**	25%

*** A partial benefit (25%) is payable for carcinoma in situ and coronary artery bypass surgery. Payment of the partial benefit for carcinoma in situ will reduce the benefit for internal cancer by 25%. Payment of the partial benefit for coronary artery bypass surgery will reduce the benefit for a heart attack by 25%.*

Additional Occurrence Benefit

If you collect full benefits for a Critical Illness under the plan and later have one of the remaining covered illnesses, then the Plan will pay the full benefit amount for any additional illness. Occurrences must be separated by at least 6 months.

Re-occurrence Benefit

If you receive full benefits for a covered condition and are later diagnosed with the same condition, the Plan will pay the full benefit again. The two dates of diagnosis must be separated by at least 12 months.

Activities of Daily Living Benefit

In addition to the base coverage, this feature provides \$1,000 per month for up to five years, beginning at age 65, for the loss of two or more activities of daily living and/or if you are confined to a Skilled Nursing Facility.

Health Screening Benefits

After the waiting period, you and your spouse are eligible to each receive up to \$50 for any one covered screening test per calendar year. Payment of this benefit will not reduce the amount payable for the diagnosis of a critical illness. There is no limit to the number of years you can receive the health screening benefit. A few of the covered health screening tests include:

- Stress test on a bicycle or treadmill
- Mammogram
- Pap Smear
- PSA (blood test for prostate cancer)
- Chest X-ray
- Colonoscopy
- Flexible Sigmoidoscopy

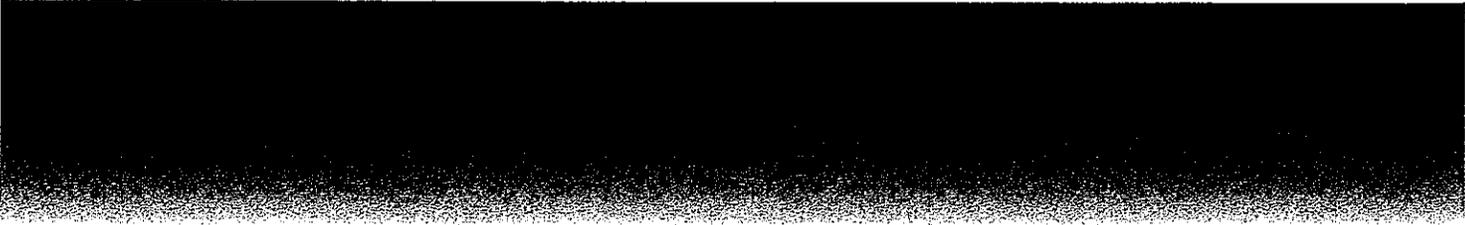
Note: This benefit does not apply to dependent children.

Limitations and Exclusions

This policy contains a 30-day "waiting period." This means that no benefits are payable for any covered person before coverage has been in force 30 days from the effective date of coverage. If a covered person is first diagnosed during the "waiting period," benefits for that Critical Illness will apply only to loss commencing after two years from the effective date of coverage; or, the covered person may elect to void the certificate from the beginning and receive a full refund of premium.

The date of diagnosis of a Critical Illness must be separated from the date of diagnosis of a subsequent different Critical Illness by at least six months.

The applicable benefit amount will be paid if: the date of diagnosis is after the waiting period; the date of diagnosis occurs while the policy is in force; and the cause of the illness is not excluded by name or specific description.



Benefits will not be paid for a loss due to:

1. Intentionally self-inflicted injury or action;
2. Suicide or attempted suicide while sane or insane;
3. Illegal activities or participation in an illegal occupation;
4. War declared or undeclared or military conflicts, participation in an insurrection or riot, civil commotion or state of belligerence;
5. Substance abuse;
6. Pre-existing conditions.

Pre-Existing Conditions Limitation

"Pre-Existing Condition" means a sickness or physical condition which, within the 12-month period prior to the effective date of the certificate, resulted in a covered person's receiving medical advice or treatment.

Benefits will not be paid for any condition or illness starting within 12 months of the effective date of the certificate which is caused by, contributed to, or resulting from a pre-existing condition.

A claim for benefits for loss starting after 12 months from the effective date of the certificate will not be reduced or denied on the grounds that it is caused by a pre-existing condition.

A condition will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after the effective date of the certificate.

<p>"Treatment" means consultation, care or services provided by a physician including diagnostic measures and taking prescribed drugs and medicines.</p>

Portability

When coverage would otherwise terminate under this plan because an employee ends his employment with the employer, they may elect to continue their coverage. A covered person must have been continuously insured for at least six months under this plan and/or the prior plan just before the date their employment terminates. The coverage that may be continued is that which the employee had on the date their employment terminates, including dependent coverage then in effect.

1. Coverage may not be continued for any of the following reasons:
 - a. The employee failed to pay any required premium;
 - b. The employee obtains age 70;
 - c. This group policy terminates.
2. To keep the certificate in force, the employee must:
 - a. Make written application to Boston Mutual within 31 days after the date their insurance would otherwise terminate; and
 - b. Pay the required premium to Boston Mutual no later than 31 days after the date the certificate would otherwise terminate.
3. Insurance will cease on the earliest of these dates:
 - a. The date the employee fails to pay any required premium;
 - b. The date this group policy is terminated.

If a covered person qualifies for this portability privilege as described above, then the same benefits, plan provisions, and premium rate as shown in their certificate as previously issued will apply.

If you have any additional questions on this benefit you can contact Boston Mutual at 1-800-669-2668. Policy Series #BML 2100.

Voluntary Products

The following voluntary products may be available through Aflac, Allstate, and Colonial Insurance.

Short-Term Disability (STD)

Voluntary Short-Term Disability coverage pays income benefit due to an off-the-job illness or injury. Benefits begin after an elimination period, and the Plan pays a percentage of your base pay for up to a maximum limit. This Plan offers a number of variables, so you design a Plan that best meets your needs.

Accident Plan

The Plan covers a wide range of off-the-job injuries and accident-related expenses. Accident Plan benefits are paid directly to you *in addition* to any coverages you receive from your Medical plan. You have the freedom to use any doctor or facility, and there are no deductibles or copays to worry about.

Universal Life Insurance

If you want additional life insurance coverage, you may be interested in a life insurance benefit that provides *permanent* protection for you and your dependents ... while building cash value on a tax-deferred basis. Universal Life includes cash value accumulations with loans and partial withdrawals available (once the cash value has built up to certain limits).

Critical Illness

With the Critical Illness Plan, you select the amount of the benefit, up to certain limits. There are no deductibles and you'll receive your cash benefit regardless of any medical plan you have. At the time you enroll, a few health questions will be asked that may determine the maximum benefit you can elect. You'll be notified if you have been approved for coverage and how much coverage will be issued.

For more information about voluntary products, call:

Aflac: 1-800-992-3522

Allstate: 1-800-521-3535

Colonial: 1-770-938-7767.

Other Important Benefits

Employee Assistance Program (EAP)

The EAP provides free, confidential, short-term assistance and counseling to employees and their dependents to help resolve a variety of personal concerns. The Program is administered by BlueCross BlueShield of Georgia. There are no costs, fees or copays for the EAP, which includes:

- 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 CPA or CFP (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 child care and parenting, senior and dependent adult care, education selection and preparation, health and wellness and customer education.
- Access to the 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 1-800-999-7222 or going online at www.wellpoint.com/yourEAP (password is Fulton).

Transit Benefit

Do you incur transit expenses from your commute to work?

The Transit Benefit Program lets you purchase services from parking and transit providers anywhere in the U.S. and use pre-tax dollars to pay for your transit as well as your monthly parking or vanpool expenses in order for you to work.

You determine how much to put towards transit services per month.

Simply submit your receipts with the reimbursement form, and you will be reimbursed on a monthly basis from your account. The maximum monthly contribution for commuting/transit expenses is \$105; the maximum monthly contribution for parking expenses is \$205. These limits are subject to IRS regulations and can change each year.

There is no "use it or lose it" rule as long as you are working. You are free to change your contribution rate on a monthly basis. Keep in mind, transit and parking are separate accounts and you cannot transfer money between these two accounts.

For more information, contact Ceridian Commuter Customer Service at 1-877-548-7788 or go online at www.ceridian.com.

Tonik Health Plans

For your children age 19 – 29 without health insurance, Tonik offers short-term, affordable coverage as low as \$79/month, depending on your child's age, gender and medical history. There are three simple individual PPOs which include over 34,000 doctors and 169 hospitals in the network. The Tonik PPO offers coverage for everyday medical services, like checkups, as well as more serious medical needs, such as knee surgery. When you enroll, you are immediately covered for:

- Doctor visits,
- Prescription drugs,
- Emergency room care,
- Dentist appointments,
- Eye exams, glasses or contacts.

Maternity coverage is *not* included.

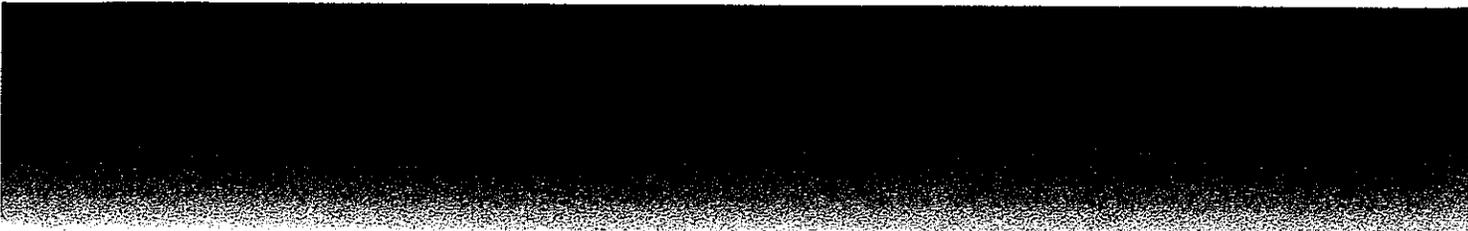
When you call to enroll, you usually will receive an immediate decision on our enrollment. For additional information or to enroll, call 1-404-923-3150 (use ID number ID07845) or go online at www.vlholt.com and click on Tonik Health.

**To learn more about your benefits
or to enroll, call the Fulton County
Enrollment Center at**

1-888-458-8992,

**between the hours of 9 a.m. and
9 p.m. Eastern Time, Monday
through Friday.**

Information contained in this Enrollment Guide is provided as a summary of the Fulton County benefit plans. Fulton County reserves the right to change, modify or terminate these plans at any time. Full details of the plans are contained in official plan documents that govern each plan. In case of a conflict in interpretation between these summaries and the official plan documents, the official plan documents will prevail.



Notes