

Fulton County 2023 Active Open Enrollment



Agenda

- **2023 Open Enrollment Updates**
- **Medical Plans**
- **Dental Plans**
- **Vision Plan**
- **Life, AD&D and Disability Insurance**
- **Voluntary Benefits**
- **Open Enrollment**
- **Next Steps**

2023 Open Enrollment Updates

What's New for 2023

Benefit Updates

- No benefit changes for 2023
- Anthem premiums for the HSA, HMO and POS plans are increasing by 4%
- Kaiser HMO premiums are increasing by 5.4%
- Aetna Dental PPO Plan premiums are increasing by 4.9%
- No changes to Aetna Dental HMO, EyeMed Vision PPO, or Life and AD&D premiums
- Dependent Life premiums increasing from \$0.54 to \$0.92
- The Standard Insurance Company will be replacing MetLife as the LTD carrier

Tobacco Attestation and Wellness Credit

- If you enroll in medical coverage for 2023, you **must** complete the *Tobacco-Use Attestation* by **October 14**. If you do not complete the attestation online, you will pay a \$25 biweekly tobacco-use surcharge starting January 1, 2023
- **New!** In addition to scheduling a biometric screening and completing all the requirements, you will need to provide proof of COVID-19 vaccination or, alternatively, have obtained an approved exemption as an accommodation.
- Complete ALL the requirements by December 31, 2022, to earn/keep your \$240 wellness credit.

Active Enrollment for 2023

- **Must enroll** if you want medical, dental and/or vision coverage in 2023
- **Enroll online:** Employee Self Service (ESS) system
- If you do not enroll, you'll default into the Kaiser HMO Plan for employees and currently enrolled family members; no coverage for dental/vision

Open Enrollment: September 26 – October 14, 2022

Health Premium Changes for 2023

MEDICAL

- Anthem HSA, HMO and POS Plan premiums are increasing by 4%
- Kaiser HMO Plan premiums are increasing by 5.4%

DENTAL

- Aetna Dental HMO Plan premiums are not changing
- Aetna Dental PPO Plan premiums are increasing by 4.9%

VISION

- EyeMed Vision PPO Plan premiums are not changing

The Board of Commissioners approved the health premiums for medical, dental and vision for the plan year beginning January 1, 2023.

Virtual Open Enrollment Meeting Dates

Date	Time
Tuesday, September 27	11 a.m.
Thursday, October 6	11 a.m.
Monday, October 10	11 a.m.

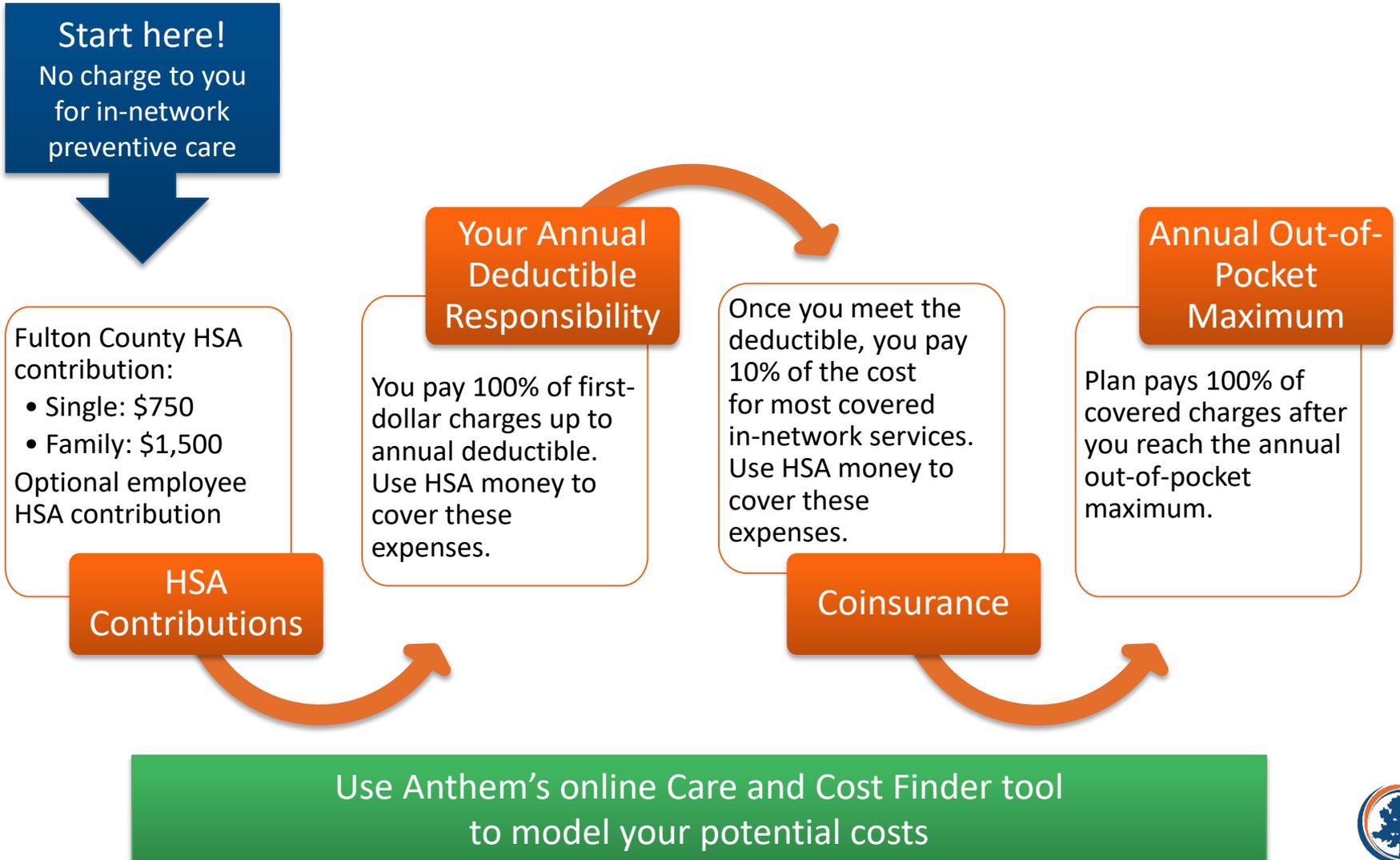
Register for a session at bit.ly/3C5fSdN

Medical Plans

Comparing Medical Plan Features

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

How the Anthem HSA Plan Works



Benefits of a Health Savings Account (HSA)

- Use the HSA to pay deductibles, copays and coinsurance for medical, prescription drug, dental, vision and hearing expenses for yourself and your enrolled dependents
- Fulton County contributes to your account
 - Single: \$750
 - Family: \$1,500
- You can make additional contributions* up to:
 - Single: \$3,100
 - Family: \$6,250
- You can contribute an additional \$1,000 if you will be age 55 or older in 2023

If you choose to enroll in the Anthem HSA Plan, be sure to complete the process of setting up your HSA account as quickly as possible so you don't miss out on the County's quarterly contributions to your account.

*In 2023, the IRS limits for total annual HSA contributions will be \$3,850 for single coverage and \$7,750 for family coverage.

How the HSA Works

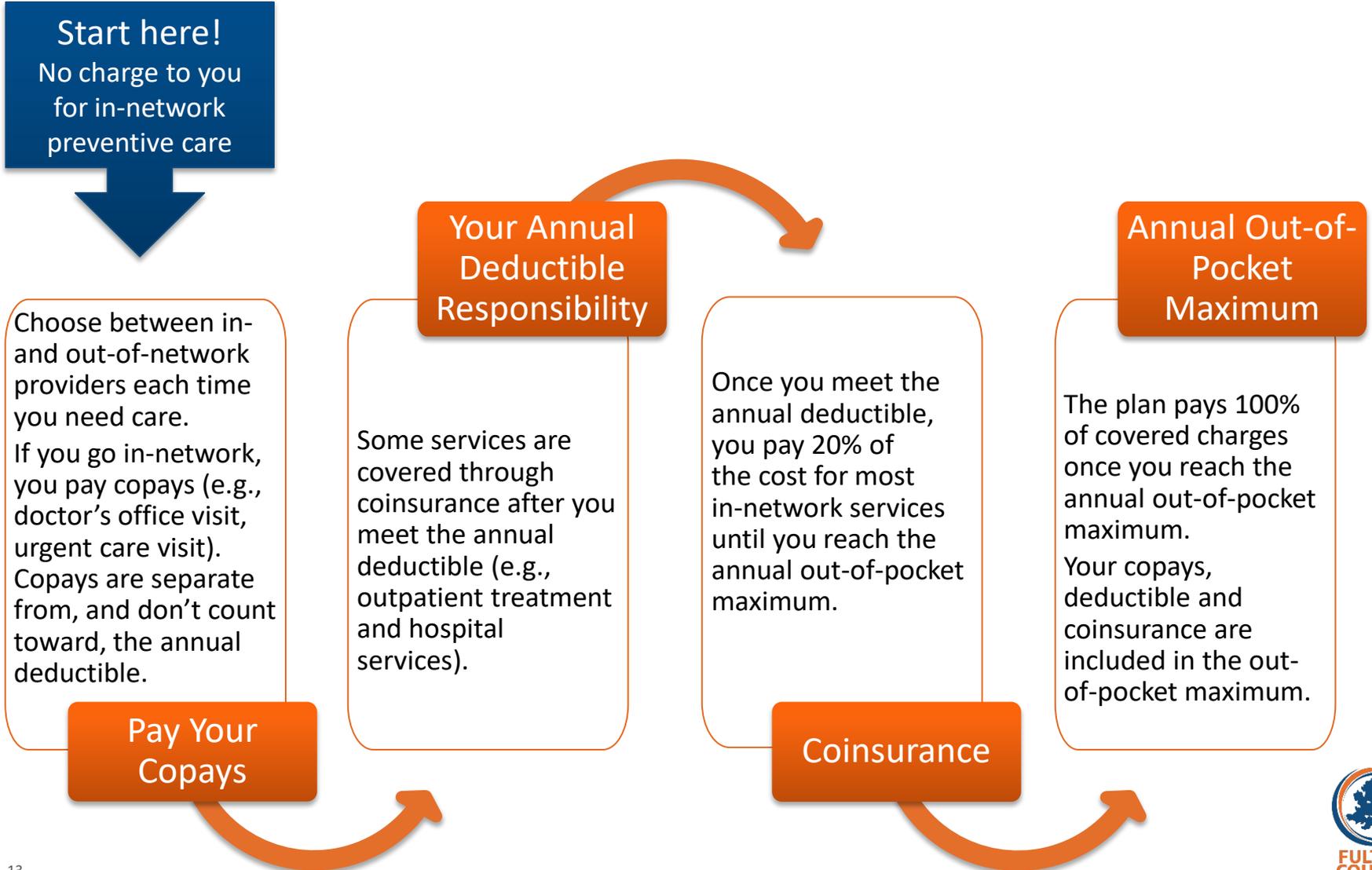
- You contribute tax-free to the HSA, up to a certain amount each year. The County will contribute to the account too.
- Use money in your HSA to pay for unreimbursed health care costs, such as doctor visits and prescription drugs.
 - You will get a debit card by mail to pay for eligible expenses.
- After HSA money runs out, you will have to pay the cost out of pocket until you meet the annual deductible.
- Money left in your HSA at year-end can be carried over to the next year. If you leave County employment or change health plans, remaining HSA money can be taken with you.
 - The HSA is in your name and it's your account.
- HSA money can be used for qualified medical expenses until money runs out.
- If you do not elect a qualified high-deductible health plan for 2023 or you move to Medicare, you can still use your HSA money to pay for copays and qualified medical expenses. However, you won't be able to make contributions to your HSA, and the County will no longer make contributions to your HSA.

How the Anthem Point of Service (POS) Plan Works

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

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

How the Anthem POS Plan Works



What Is a Health Maintenance Organization (HMO)?

An HMO is a medical plan that:

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

How the Anthem HMO Plan Works

Start here!

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



Be sure to see providers who participate in the Anthem HMO network; otherwise, no benefits are paid except for emergencies.

See Anthem Providers

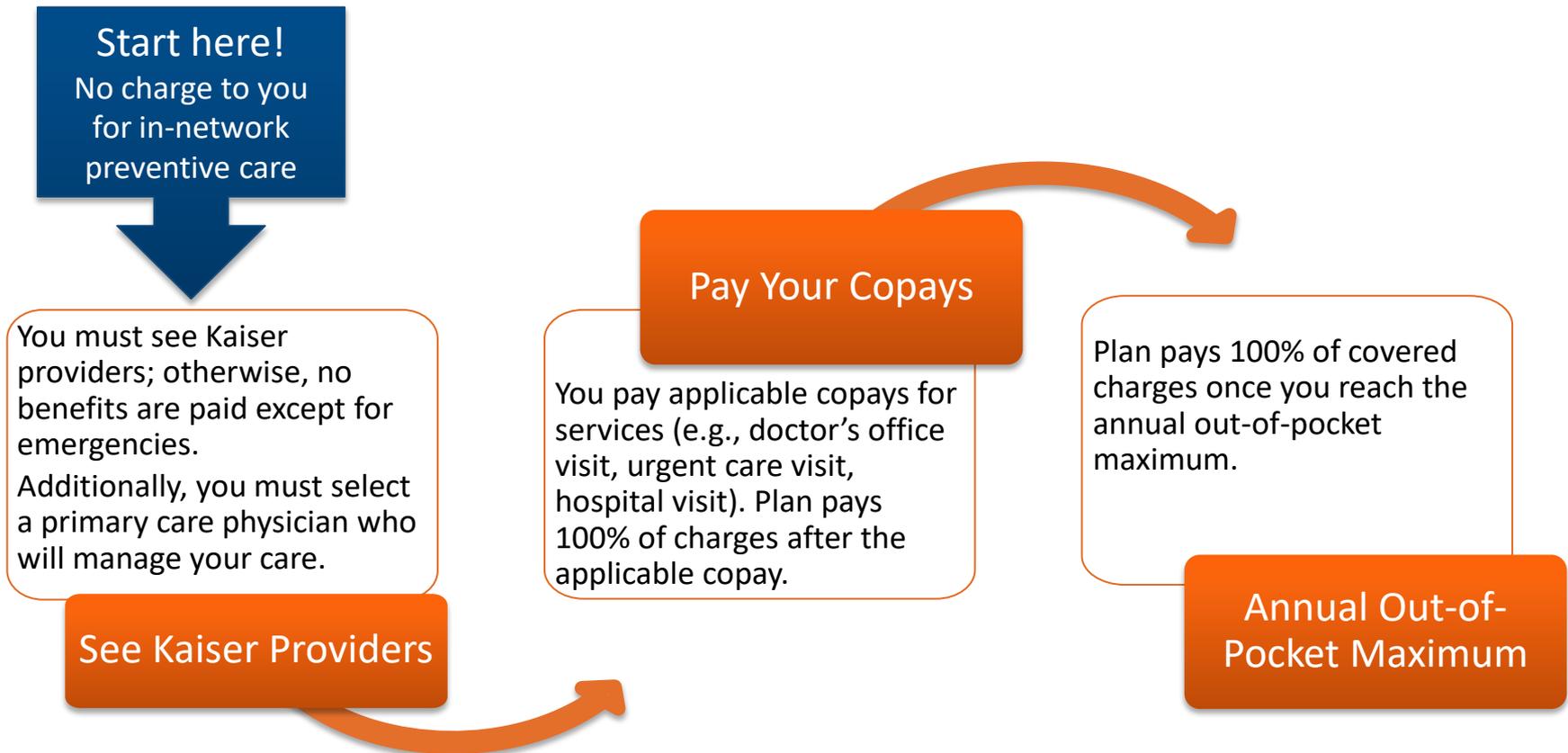
Pay Your Copays

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

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

Annual Out-of-Pocket Maximum

How the Kaiser HMO Plan Works



Kaiser physicians are located in Kaiser medical centers. There are 27 Kaiser medical centers around metro Atlanta and Athens. In addition to the medical centers, Kaiser has relationships with 86 urgent care facilities and 4 hospital systems: Emory, Northside (maternity), Piedmont, and Children's Healthcare of Atlanta (CHOA). To find a location near you, visit: thrive.kaiserpermanente.org/care-near-georgia/our-locations

Comparing Medical Plans

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

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

Comparing Medical Plans

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

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

Comparing Prescription Drug Coverage

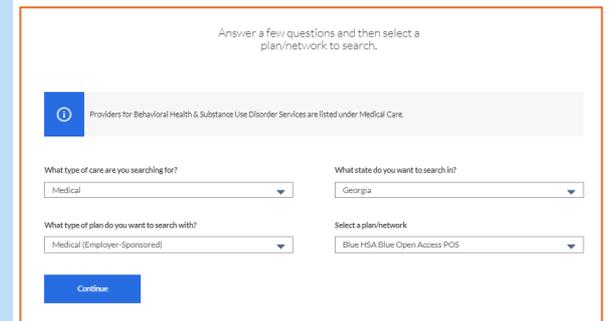
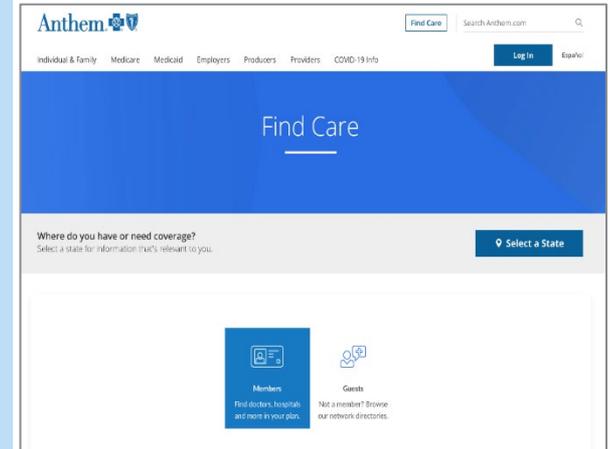
- **Generic:** Drugs that are marketed under their chemical names and are comparable to brand-name drugs in form, strength, quality and intended use
- **Preferred Brand:** Brand-name drugs that are preferred based on safety, efficacy and cost
- **Non-Preferred Brand:** Brand-name drugs for which generic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

Comparing Prescription Drug Coverage

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

How to Locate an Anthem Network Doctor

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



Telehealth

- Telehealth providers are U.S.-based, board-certified doctors you can connect with in minutes via video chat, using your smartphone, tablet or computer
- Anthem and Kaiser provide 24/7 on-demand access to cost-effective, quality care through a national network of licensed doctors, including pediatricians
 - Anthem:* LiveHealth Online (currently, no charge to members) or a virtual visit with your personal physician (same cost as an office visit)
 - Kaiser: Special telehealth number available (no cost to members)
- Alternative to using the ER and urgent care centers for minor illnesses/conditions

*Members enrolled in the Anthem HSA Plan will pay the full cost of telehealth and virtual visits until deductible has been met.

Benefits of Using Grady Health Care

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

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

2023 Medical Premiums

Here's what you'll pay biweekly for medical and prescription drug coverage in 2023. Biweekly premiums will be \$10 lower if the wellness credit is earned, and \$25 higher if you must pay the tobacco surcharge.

	Biweekly County Cost	Biweekly Employee Cost	Cost Share Percentage	
			County	Employee
Anthem HSA Plan				
Employee	\$283.50	\$70.87	80%	20%
Employee + 1	\$541.91	\$135.48	80%	20%
Family	\$706.48	\$176.62	80%	20%
Anthem POS Plan				
Employee	\$339.23	\$113.08	75%	25%
Employee + 1	\$626.11	\$208.70	75%	25%
Family	\$849.56	\$283.19	75%	25%
Anthem HMO Plan				
Employee	\$317.63	\$79.41	80%	20%
Employee + 1	\$586.23	\$146.56	80%	20%
Family	\$795.46	\$198.86	80%	20%
Kaiser HMO Plan				
Employee	\$255.30	\$63.82	80%	20%
Employee + 1	\$488.02	\$122.01	80%	20%
Family	\$636.22	\$159.06	80%	20%

Tobacco-Use Attestation

- All eligible active employees who enroll in medical coverage for 2023 **must** complete the *Tobacco-Use Attestation* online in ESS **by October 14**.
- Employees who **don't** complete the *Tobacco-Use Attestation* during Open Enrollment will be assessed the \$25 biweekly tobacco-use surcharge via payroll deduction, effective January 1, 2023.
- If you are a tobacco user, you will pay the \$25 biweekly surcharge starting in January 2023.
- If you are a tobacco user, you **must** complete a tobacco cessation program by **May 31, 2023**, to receive a refund of the surcharge. You will receive details about the tobacco cessation program in the first quarter of 2023.

Wellness Credit for Active Employees

- To earn/keep your \$240 annual wellness credit for the plan year beginning January 1, 2023, all eligible employees* enrolled in medical coverage with Anthem or Kaiser must complete ALL the requirements by **December 31, 2022**.
- **NEW!** Proof of COVID-19 vaccination based on Fulton County Department of Human Resources Record or, alternatively, have obtained an approved exemption as an accommodation and a biometric screening/Annual Wellness Exam with your current medical provider by **December 31, 2022**.
- **Current Anthem (BCBS) Participants**
 - Schedule your Annual Wellness Exam between NOW and December 15, and once your results are ready, your doctor can fax the completed *Physician Form* anytime between now and December 31, 2022.
 - **NEW!** Visit [anthem.com/member-resources/sydney-app](https://www.anthem.com/member-resources/sydney-app) to download the **Sydney Health app**. OR, download the Sydney Health app in the App Store or Google Play to obtain your *Physician Form*.
 - Open the **Sydney Health app** and click **MENU** on the bottom navigation bar. Then click **My Health Dashboard > My Rewards > Get My Physician Form**.
 - OR**
 - Go to [anthem.com](https://www.anthem.com) and click **My Health Dashboard > My Rewards > Get My Physician Form**.
 - ***You can use the same username and password for anthem.com & Sydney Health!***

☛ Eligible employees include current employees and new permanent employees hired by September 14, 2022.



Wellness Credit for Active Employees (Cont.)

- **Current Kaiser HMO Participants**
 - Accept the Wellness Program Agreement:
 - Visit kp.org/engage to accept your wellness program agreement. Check “yes,” then click **Submit**.
 - Complete your biometric screening at a Kaiser Permanente medical office or schedule an appointment with your physician.



2023

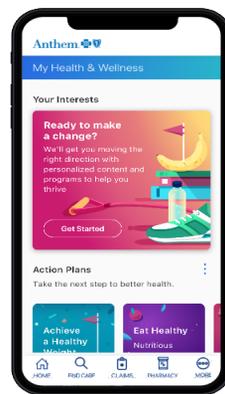
Wellness Credit

Focus on your well-being and earn your 2023 Annual Wellness Credit!

Your whole health matters, and we want to reward you for taking care of it. Fulton County and Anthem BCBS have partnered to use Anthem's new app, Sydney Health, and Anthem.com to connect you with easy-to-use digital health and wellness tools that can help you stay your best.

Don't wait! Use your Sydney Health app or Anthem.com to learn more.

- Check Claims
- See benefits
- Get your ID card
- Manage health care accounts
- Find a doctor
- Community Resources
- Team Challenges
- Virtual Visits and Virtual Chat with a doctor
- Estimate Cost
- My Rewards
- Click to connect with Anthem member services and care teams, schedule a call back from member services etc.
- A hub to access other Fulton County programs and services



2022

Eligible:

How you earn:



Active Employees enrolled in an Anthem medical plan.

#1

If you are already scheduled for a **physical**, a biometric screening is included, and your information will be registered through your claims.

If you have a routine appointment already scheduled, you may ask your doctor to include your non-fasting biometric labs.

Non-fasting biometric labs includes:
blood pressure
hemoglobin A1C,
cholesterol and body mass index

#2

Attest to receiving your COVID vaccination in Anthem's Sydney Health app.

****PLEASE NOTE:**
If you have already provided proof of vaccination to Fulton County, you will **NOT** be required to resubmit.**

Fulton County Government is committed to providing all employees an equal opportunity to participate in and benefit from county programs, activities, and services, including wellness programs. If you believe that you are unable to satisfy a wellness program requirement due to your sincerely held religious belief, disability, or medical condition, you may qualify for the wellness benefit by satisfying a reasonable alternative standard to that requirement. To request such a reasonable alternative standard based on your disability, sincerely held religious belief, or medical condition please contact DCRC by email, Melissa.Cuthrell@fultoncountyga.gov, or dial 404-612-7305.

****Recommendations of your personal physician will be accommodated.****

Let's Get Started!

You can open the **Sydney Health** app or go to **Anthem.com** using the same username and password.

Open the **Sydney Health** app. Select **MORE** on the bottom navigation bar. Select **My Health Dashboard**. Click **My Rewards**. Go to **View Completed Activity** to verify Annual Wellness Exam claim was processed. Go to **Certify Vaccination** to attest to receiving the COVID vaccination.



OR Go to **Anthem.com**. Select **My Health Dashboard**. Click **My Rewards**. Go to **View Completed Activity** to verify Annual Wellness Exam claim was processed. Go to **Certify Vaccination** to attest to receiving the COVID vaccination.

If you have already provided proof of vaccination to Fulton County, you will NOT be required to resubmit.

The image displays a series of screenshots illustrating the navigation process. On the left, the Sydney Health app interface is shown. The 'Menu' screen has 'My Health Dashboard' circled in red. Below it, the 'My Health Dashboard' screen has 'MY REWARDS' circled in red. On the right, the Anthem.com website is shown. The 'My Health Dashboard' link in the top navigation bar is circled in red. Below it, the 'My Rewards' link in the 'Programs' section is circled in red. At the bottom left, a screenshot of the 'Certify Completion for Covid-19 Vaccination' form is shown, with the 'Certify Vaccination' button circled in red. Blue arrows indicate the flow from the app menu to the dashboard, then to rewards, and finally to the certification form. Another blue arrow points from the website's 'My Rewards' link to the same form.

It's worth restating! In addition to all the insightful wellness resources, Fulton County will incentivize you with **\$240 for the 2023 year!** To qualify for the incentive, you must complete all steps **no later than 12/31/2022.**

For any wellness credit related questions, contact Fulton Employee Wellness at employeewellness@fultoncountyga.gov or 404-613-7354.

For Anthem or Sydney Health assistance, call Anthem's Customer Service number at 1-800-474-2227.

Fulton County Government is committed to providing all employees an equal opportunity to participate in and benefit from county programs, activities, and services, including wellness programs. If you believe that you are unable to satisfy a wellness program requirement due to your sincerely held religious belief, disability, or medical condition, you may qualify for the wellness benefit by satisfying a reasonable alternative standard to that requirement. To request such a reasonable alternative standard based on your disability, sincerely held religious belief, or medical condition please contact DCRC by email, Melissa.Cuthrell@fultoncountyga.gov, or dial 404-612-7305.

****Recommendations of your personal physician will be accommodated.****



Don't lose out on your easy-to-earn/keep wellness credit!

Welcome to your wellness program! To earn/keep your \$240 annual wellness credit for plan year beginning 1/1/2023, eligible employees enrolled in medical coverage with Kaiser Permanente must complete the healthy activities* outlined below.

Here is how:

1. Visit kp.org/engage and sign on with your <http://kp.org> user ID and password
2. Accept the Wellness Program Agreement or you won't be eligible to earn rewards.
3. Be up to date with your biometric screening:
 - Your non-fasting biometric screening includes: blood pressure, hemoglobin A1C, cholesterol and body mass index.
 - If you are already scheduled for a physical, a biometric screening will be included.
 - Or you can schedule a nurse visit appointment for biometric screening only by calling 404-365-0966.
 - If you have a routine appointment already scheduled, please ask your doctor to include your biometric labs.
4. Attest to receiving the COVID vaccination. **If you have already provided proof of vaccination to Fulton County, you will **NOT** be required to resubmit.**

Eligible employees include current employees and new permanent employees hired by 9/14/2022. Return to the site as often as you would like to track your progress. All activities must be completed by 12/31/2022.

Fulton County Government is committed to providing all employees an equal opportunity to participate in and benefit from county programs, activities, and services, including wellness programs. If you believe that you are unable to satisfy a wellness program requirement due to your sincerely held religious belief, disability, or medical condition, you may qualify for the wellness benefit by satisfying a reasonable alternative standard to that requirement. To request such a reasonable alternative standard based on your disability, sincerely held religious belief, or medical condition please contact DCRC by email, Melissa.Cuthrell@fultoncountyga.gov, or dial 404-612-7305. Recommendations of your personal physician will be accommodated.

Dental Plans

Aetna Dental Plan Options

AETNA DENTAL HMO (DHMO) PLAN

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

AETNA DENTAL PPO (DPPO) PLAN

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

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

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

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

Comparing the Dental Plans

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

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

2023 Dental Premiums

	Biweekly County Cost	Biweekly Employee Cost	Cost Share Percentage	
			County	Employee
Aetna Dental PPO Plan				
Employee	\$12.92	\$4.31	75%	25%
Employee + 1	\$26.49	\$8.83	75%	25%
Family	\$34.74	\$11.58	75%	25%
Aetna Dental HMO Plan				
Employee	\$6.37	\$2.12	75%	25%
Employee + 1	\$12.42	\$4.14	75%	25%
Family	\$20.38	\$6.79	75%	25%

Vision Plan

EyeMed Vision PPO Plan

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

EyeMed Vision PPO Plan Benefits

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

2023 Vision Premiums

	Biweekly County Cost	Biweekly Employee Cost	Cost Share Percentage	
			County	Employee
EyeMed Vision PPO Plan				
Employee	\$2.04	\$1.47	58%	42%
Employee + 1	\$4.18	\$3.02	58%	42%
Family	\$5.48	\$3.96	58%	42%

Life, AD&D and Disability Insurance

Life, AD&D and Disability Insurance

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

Fulton County Life, AD&D and Disability Insurance

Basic Life Insurance

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

Supplemental Life Insurance

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

Dependent Spouse and Child Life Insurance

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

Basic Accidental Death and Dismemberment (AD&D) Insurance

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

Long-Term Disability Insurance

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

2023 Life and AD&D Insurance Premiums

	Biweekly Employee Cost
Basic Life and AD&D (\$50,000)	\$0.79
Dependent Spouse and Child Life (\$10,000)	\$0.92

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

Voluntary Benefits

2023 Voluntary Benefits

- There are no changes to voluntary benefit offerings
- 2023 enrollment will be completed online via Employee Self Service (ESS)
- You can complete your enrollment by clicking the enrollment link inside the Benefits Wizard in ESS.

Open Enrollment

Open Enrollment

- If you want medical, dental and vision coverage that is effective January 1, 2023, you **must** enroll online through Employee Self Service (ESS).
- All employees enrolled in a medical plan must complete the *Tobacco-Use Attestation* online in ESS by **October 14, 2022**.
- **If you don't enroll by October 14, 2022**, you and your current dependents will be defaulted to medical coverage in the Kaiser HMO Plan for 2023 with no coverage for dental and vision.
 - If you currently waive medical coverage but are enrolled in the dental and vision plans, you will need to enroll through ESS to keep these plans.
 - If you currently waive medical, dental and vision coverage, you will continue to have no coverage in 2023 if you do not complete enrollment by **October 14, 2022**.

2023 Open Enrollment:
September 26 – October 14, 2022

Employee Self Service (ESS) Enrollment

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

Next Steps

Next Steps

- Watch your work email for Fulco News announcements
- Visit the For Employees Facebook page
- Visit the Benefits page on Employee Central
- Visit the Open Enrollment page on the County's website



Questions?