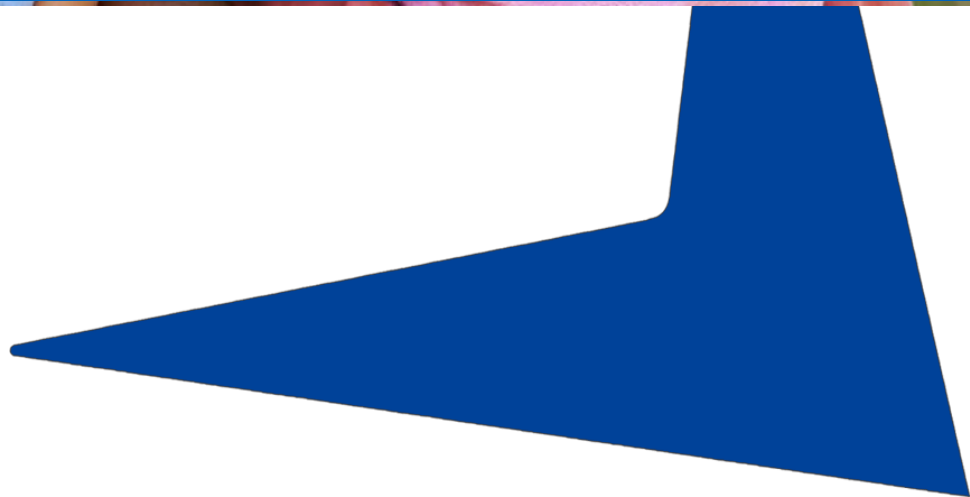





# **Your Fulton County Benefits** *Choice, Responsibility, Wellness*

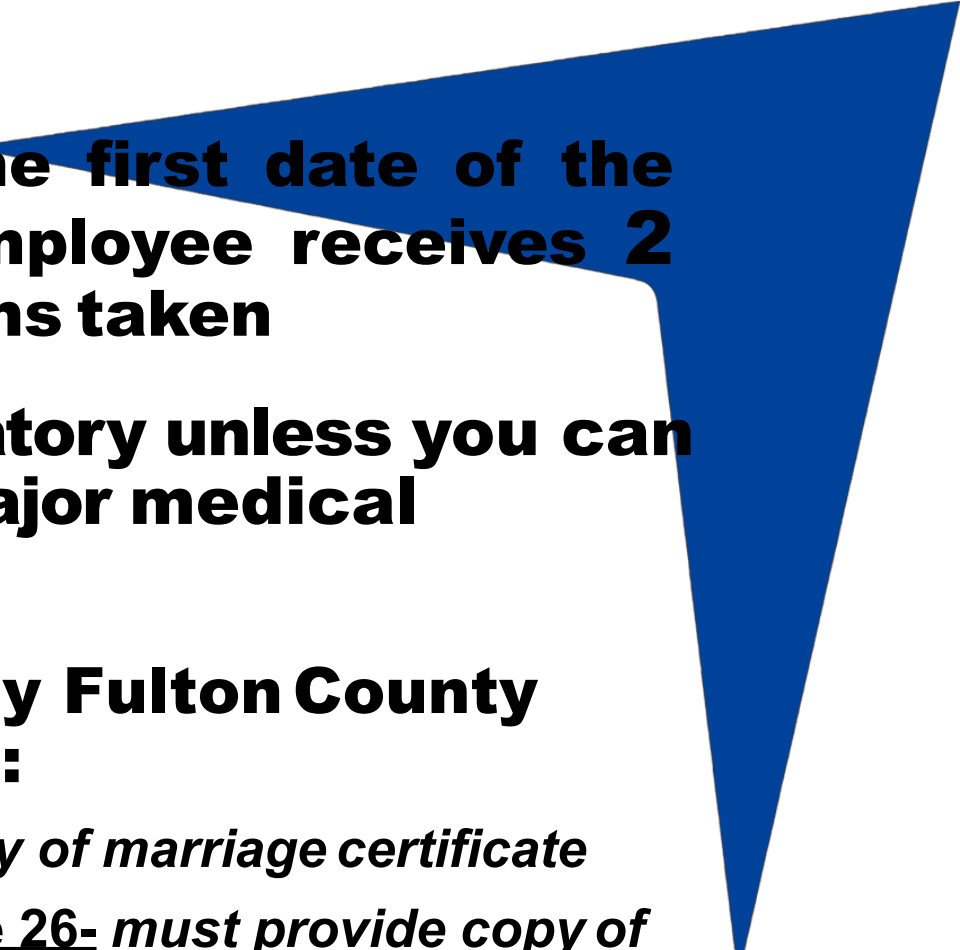
**2020 Benefits for New Hires**





## **What We'll Cover Today**

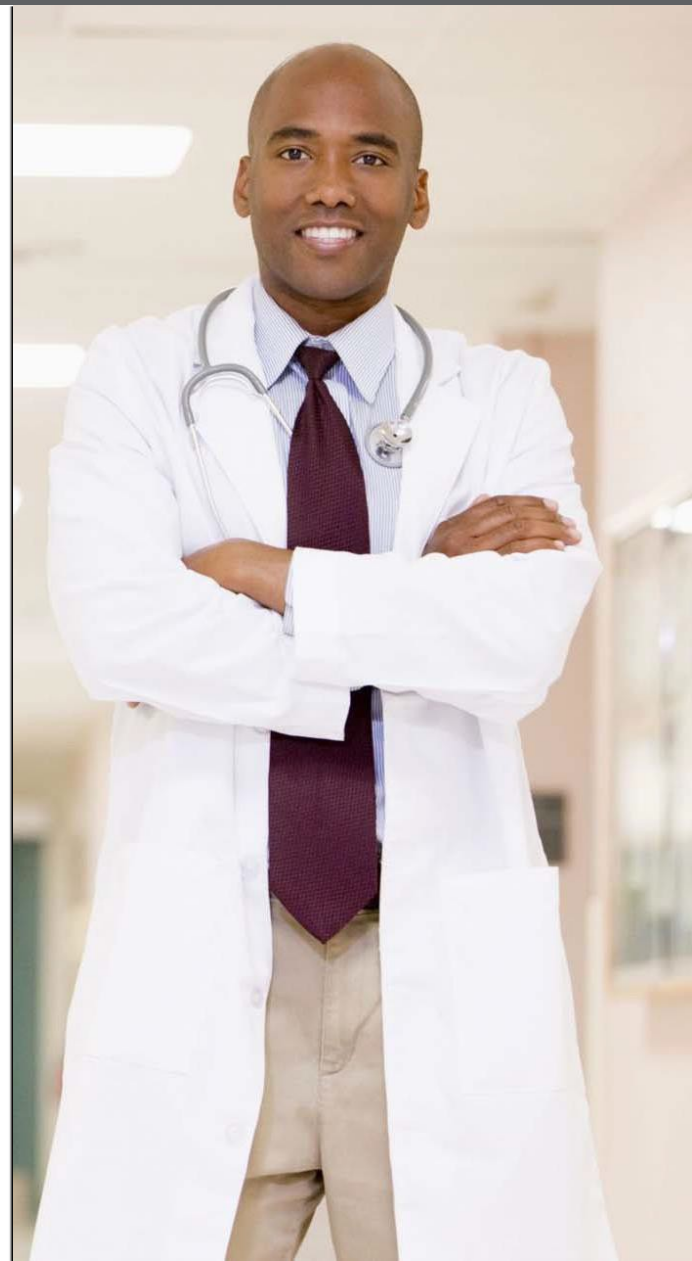
- **Discussion of effective date of coverage and who can be covered under your group benefits (eligible dependents)**
  - **Discussion of plan offerings**
  - **2020 Rates**
  - **Q&A**
  - **Complete applications/forms**
  - **Turn in all paperwork**
- 

- 
- **Coverage is effective the first date of the month in which new employee receives 2 paychecks and deductions taken**
  - **Medical coverage mandatory unless you can provide proof of other major medical coverage**
  - **Who can I cover under my Fulton County group insurance benefits:**
    - Legal spouse- *must provide copy of marriage certificate*
    - Children, step-children up to age 26- *must provide copy of birth certificate*
    - Adopted children, court ordered child/medical support- *court documents/orders signed by the court*
    - **Children age 26 or older who have a mental/physical permanent disability-** *physician verification of permanent disability*

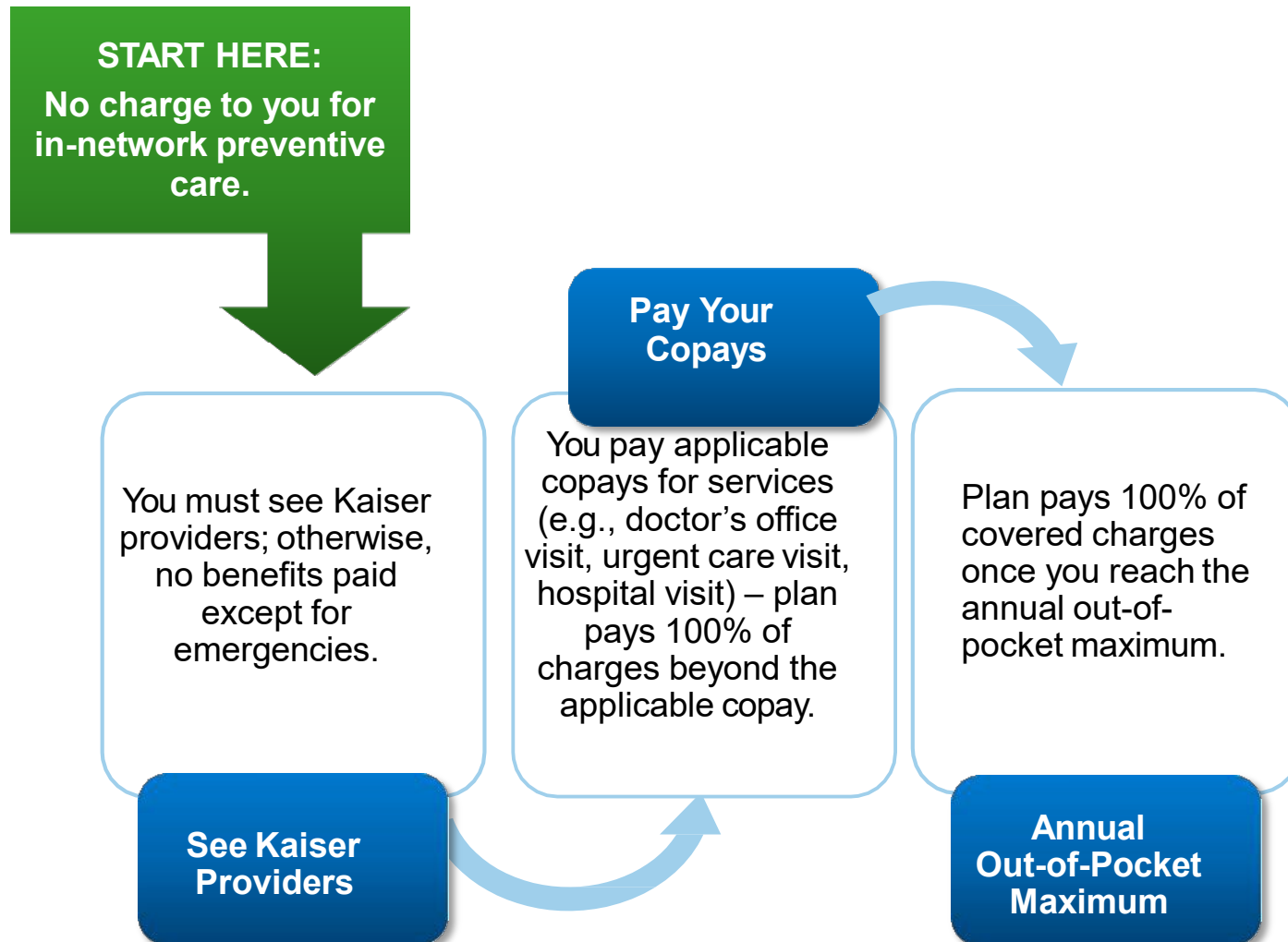
# Kaiser HMO

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- Requires you to see only in-network providers to receive benefits, except in an emergency – there are no out-of-network benefits
- Typically has lower out-of-pocket costs – moderate copays for services
- Kaiser HMO uses staff/service center model
  - Employs network doctors and owns network facilities
  - Has 29 medical campuses in the Atlanta and Athens service areas
  - Partners with Emory St. Joseph's and Emory Midtown Hospitals for in-patient care, Northside Hospital for OB/GYN services, CHOA, Gwinnett Medical Center, and Athens Regional Medical Center



# How the Kaiser HMO Works



# Kaiser HMO

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	Kaiser HMO
	In-Network Only
HSA Contribution	Not available
Annual Deductible	No deductible
Out-of-Pocket Maximum	\$6,450 Single \$12,900 Family
Preventive Care	100%
Office Visit	\$25 PCP \$40 SPC

# Kaiser HMO *continued*

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	Kaiser HMO
	In-Network Only
<b>Emergency Room</b> (waived if admitted)	\$150 copay/visit
<b>Urgent Care</b>	\$50 copay/visit at designated facilities
<b>Inpatient Hospital</b>	\$250 copay/ admission
<b>Outpatient Hospital</b>	\$150 copay/visit

# Prescription Drug Coverage

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Kaiser HMO	
In-Network Only	
Retail (30-day supply)	
Generic	\$10 copay
Preferred Brand	\$30 copay
Non-Preferred Brand	\$50 copay
Specialty	\$75 copay
Mail Order (90-day supply)	
Generic	\$20 copay
Preferred Brand	\$60 copay
Non-Preferred Brand	\$100 copay
Specialty Brand	\$150 copay

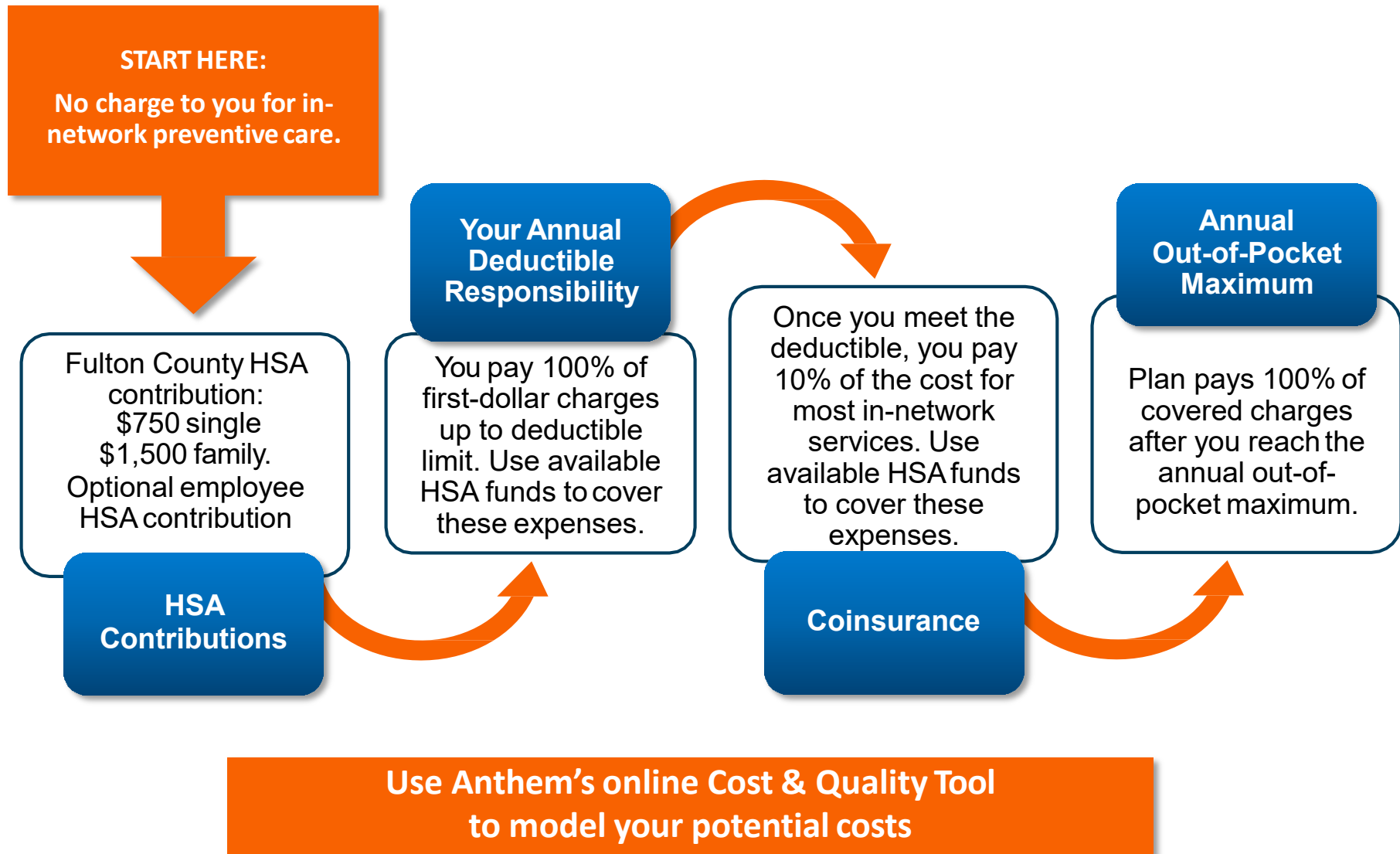


# Anthem HDHP w/ HSA

- Has no copays
- Employee/covered dependent pays 100% of charges up to deductible limit
- Use available health savings account (HSA) funds to cover/reduce out of pocket deductible expenses
  - Once deductible is met, pay 10% of the cost for most in-network services. (HSA funds can be used for this as well, if available.)
  - Has in and out-of-network provider coverage



# How the Anthem HSA Works



# Anthem HSA continued

- You may use the HSA to pay deductibles, copays and coinsurance for medical, prescription drug, dental and vision expenses for yourself and your enrolled dependents
- Fulton County will contribute to your account
  - \$750\* single
  - \$1,500\* family
- You may make additional contributions, up to:
  - \$2,800\* single
  - \$5,600\* family(Plus \$1,000 if you are age 55 or older)



\* In 2020, the IRS limits for total annual HSA contributions will be \$3,550 for single coverage, and \$7,100 for family coverage.

# Anthem HSA continued

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- ✓ You can contribute tax-free to the health savings account, up to a certain amount each year. The county will also contribute to the account.
- ✓ Your health savings account funds will be loaded to a debit card that you will receive by mail to pay for things such as doctor visits and prescription drugs.
- ✓ If there is money in the HSA, you can use it to pay for health care costs. If there is not money in the account, you will have to pay the cost out of pocket until you meet the deductible.
- ✓ Any funds left in the account from year to year can be carried over and remain with the employee, who owns them. If you leave the county or change health plans, remaining funds can be taken with you.
- ✓ The HSA is in your name and it's your account, funds can be used for qualified medical expenses until funds are exhausted. If you do not elect a qualified high-deductible health plan for 2021 or 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 continue to make contributions to your HSA unless you continue to participate in an HSA-compatible plan.

# Dental Plan Options

## ➤ Dental HMO

- Dental plan that requires you to see network dentists; otherwise, no benefits paid except for emergencies
- Offered through Aetna
- **Must select a Primary Care Dentist prior to receiving care**

## ➤ Comprehensive Dental PPO

- Dental plan that lets you choose in-network or out-of-network providers and covers a wide range of dental expenses
- Offered through Aetna
- 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 pre-approved network fees; you may be required to pay the entire cost at the time of treatment and submit a claim for reimbursement



# AETNA DENTAL:

## Differences between Dental HMO and Comprehensive Dental PPO

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

# Comparing the Dental Plans

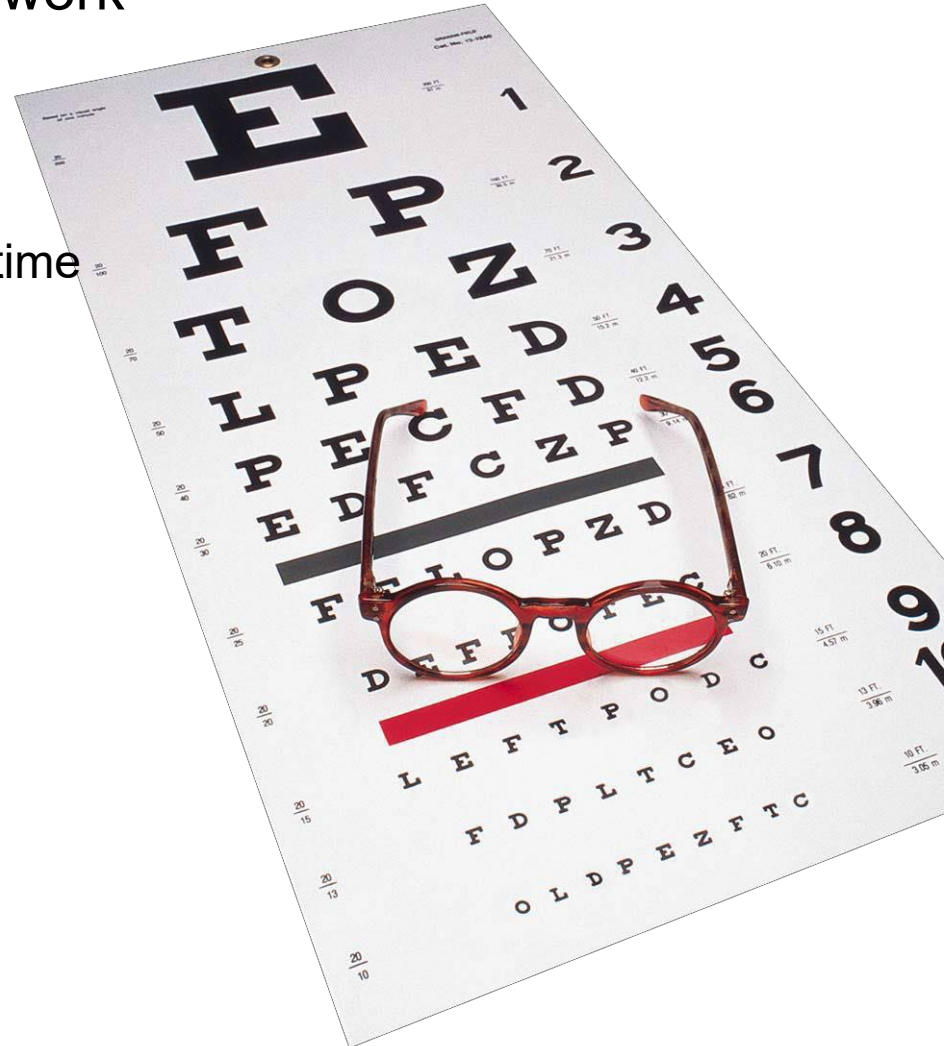
Plan Feature	Dental HMO	Dental PPO
Deductible	None	\$50 Single Up to \$150 Family
Preventive Services	100%	100% of reasonable & customary charges*
Basic Services	100%	85% of reasonable & customary charges*
Major Services	60%	50% of reasonable & customary charges*
Annual Benefit Maximum	None	\$1,500/person
Orthodontic Services	\$1,500 copay (for 2 years of treatment plus 2 years of follow up)	Deductible: \$50/person Lifetime maximum: \$1,500/person

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



# EyeMed Vision Plan

- **This is a vision PPO plan:** lets you 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
- **Offered through EyeMed:** network includes over 30,000 vision care providers





# EyeMed Vision Plan Benefits

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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 (in lieu of glasses and frames)	Up to \$200 allowance (or 100% if medically necessary)	Up to \$160 allowance (up to \$200 if medically necessary)

# MetLife Life Insurance

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Effective April 1, 2013 all eligible employees and dependents may be covered only one time under Fulton County Group Life Insurance Policy. Specifically, if a person is covered as an *Employee* he/she cannot be covered as a *Dependent* of another *Employee*.

Since you are an employee, the following is applicable:

- If you are an active employee covered as a dependent on another employee or retiree's plan with Fulton County, that employee or retiree will need to drop you from his/her plan as a dependent. If that employee or retiree has no other eligible dependents besides you, coverage for you will be terminated based on your effective date of coverage.



**MetLife**

# Life Insurance Rates

MetLife	Bi-Weekly County Cost	Bi-Weekly Employee Cost	Cost Share Percentage	
			County	Employees
Basic Life & AD&D (50K)	\$2.36	\$0.79	75%	25%
Dependent Life (10K) Child/Spouse	\$1.61	\$0.54	75%	25%
Benefit Type		Benefit Amount	Total Bi-Weekly Premium	
Employee Optional Supplemental Term Life		\$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	

# 2020 Premium Contributions for New Hires

2020	Bi-Weekly County Cost	Bi-Weekly Employee Cost	Cost Share Percentage	
			County	Employee
<b>Anthem (BCBS) HSA</b>				
Employee	\$264.94	\$66.24	80%	20%
Employee + 1	\$506.46	\$126.61	80%	20%
Family	\$660.26	\$165.07	80%	20%
<b>Kaiser HMO</b>				
Employee	\$220.83	\$55.21	80%	20%
Employee + 1	\$422.15	\$105.54	80%	20%
Family	\$550.35	\$137.59	80%	20%

# 2020 Premium Contributions for New Hires

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

# 2020 Premium Contributions for New Hires

2020	Bi-Weekly County Cost	Bi-Weekly Employee Cost	Cost Share Percentage	
			County	Employee
<b>EyeMed Vision</b>				
• Employee	<b>\$4.21</b>	<b>\$3.00</b>	58%	42%
• Employee +1	<b>\$4.21</b>	<b>\$3.00</b>	58%	42%
• Family	<b>\$4.21</b>	<b>\$3.00</b>	58%	42%

# QUESTIONS????

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