



# Your Retiree Benefits

2021



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This guide provides a summary of benefits available to Fulton County retirees, beneficiaries and eligible dependents, effective January 1, 2021, as well as laws, procedures and regulations required to obtain and use such benefits. However, if inconsistencies occur between the contents of this enrollment guide and the contracts, rules or laws regulating administration of the various programs, the program contract terms and/or appropriate legislation supersedes this guide. In some instances, limitations and exclusions may apply. If you have questions, please contact the benefit program’s member service department or the Fulton County Pension Office at [pensionunit@fultoncountyga.gov](mailto:pensionunit@fultoncountyga.gov) or **404-612-7606**.

## Important RSS Information

We're becoming more green! As we consider going paperless, we encourage you to access the Retiree Self-Service (RSS) portal—a secure, online platform where you can find important information about your retirement benefits.

Personal information available on RSS includes monthly pension pay advices, benefit summaries, current tax withholding/allowances, pay and deduction summaries, and 1099R forms. You can also access important forms and reference guides, such as address changes, direct deposits and tax withholdings.

To access RSS, send an email with your first and last name to [pensionunit@fultoncountyga.gov](mailto:pensionunit@fultoncountyga.gov). Your email subject line should be **"RSS"**.

# Welcome!

**To:** All Eligible Fulton County Retirees

**From:** Hakeem Oshikoya, Finance Director

**Date:** September 1, 2020

**Re:** 2021 Retiree Open Enrollment for Medical, Dental, Vision and Life Insurance

It's Open Enrollment season again. In the current climate, it's more important than ever to consider all your benefit options—especially your medical plan options.

Open Enrollment is your once-a-year opportunity to elect, decline or change your medical, dental, vision and life insurance options for the upcoming year. **2021 Open Enrollment will begin on September 21, 2020 and end on October 9, 2020.**

Coverage for the plans you choose will be effective January 1, 2021 through December 31, 2021.

This guide provides details about the benefit plans available to you as a Fulton County retiree or eligible beneficiary. You will find information on how to make the most of your benefits—including a summary of key plan provisions, enrollment instructions, and benefit costs. Please review this guide thoroughly before making a final decision on your benefit elections.

The Fulton County Pension Office team is ready to help with any benefit-related questions you may have. Email [pensionunit@fultoncountyga.gov](mailto:pensionunit@fultoncountyga.gov) or call **404-612-7606**. We also encourage you to attend a retiree Open Enrollment meeting.

This year, Open Enrollment meetings will be held virtually through Zoom. Zoom is a video conferencing platform. After you register for a session at <https://bit.ly/31b2bHL>, instructions to join the meeting (video or phone) will be emailed to you. **Note:** Registration link works in Google Chrome, Microsoft Edge, Mozilla Firefox and Safari.

Retiree Open Enrollment Meeting Schedule	
Date	Time
Wednesday, September 23, 2020	10 a.m. and 2 p.m.
Monday, September 28, 2020	10 a.m. and 2 p.m.
Wednesday, September 30, 2020	10 a.m. and 2 p.m.
Monday, October 5, 2020	10 a.m. and 2 p.m.

# 2021 Open Enrollment: What You Need to Do

Your enrollment steps depend on which medical plan you're enrolled in now and whether you're Medicare-eligible.

## Pre-65 (Non-Medicare-Eligible) Retirees

1. Complete the *Tobacco-Use Attestation* form by October 9, 2020 to avoid the \$50 monthly surcharge. You have to submit this form even if you're not making changes to your coverage for 2021.
2. Complete all sections of the *Retiree Open Enrollment Form* and return it to the Pension Office by October 9, 2020. **If you don't want to change, add or remove coverage, don't complete the enrollment form—your 2020 coverage elections will roll over automatically to 2021, with the same coverage tier you have now.**

Consider emailing or faxing your forms to save time. Here's how you can provide your completed forms to the Pension Office:

- Email: [pensionunit@fultoncountyga.gov](mailto:pensionunit@fultoncountyga.gov)
- Fax: 404-612-1870
- Mail: Fulton County Pension Office  
141 Pryor Street SW, Suite 7001  
Atlanta, GA 30303

## 65+ (Medicare-Eligible) Retirees

1. If you are **NOT** currently enrolled in the Basic or Enhanced Medicare Advantage Plan and you want to enroll in either plan for 2021, you **MUST** have Medicare Part A and Part B. Call Aetna at 800-307-4830 by October 9, 2020. You will receive a confirmation number. Keep this number for your records.
2. If you are currently enrolled in the Anthem Medicare HMO Plan and you have Medicare Part A and Part B, you will be enrolled automatically in the Basic Aetna Medicare Advantage Plan. If you don't want Aetna coverage, you must call Aetna at 800-307-4830 by October 9, 2020 to opt out of coverage. **If you are married, you and your spouse must call Aetna separately to opt out.**
3. As a Medicare-eligible retiree, you must send a completed *2021 Part B Affidavit* with a copy of your Medicare card to the Pension Office, postmarked by October 9, 2020. If you don't return the *2021 Part B Affidavit*, you will lose your Medicare subsidy—50% of the basic Part B premium—for the 2021 plan year.

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### Biometric screening events.

Due to the COVID-19 pandemic, we've had to cancel all biometric screening events. All eligible retirees will automatically receive the \$240 annual wellness credit in 2021. You do not need to complete an annual physical or attend a County-sponsored biometric screening event to earn the credit.

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If you're 65 or older (Medicare-eligible), consider one of Aetna's Medicare Advantage plans: the Basic Aetna Medicare Advantage Plan or the Enhanced Aetna Medicare Advantage Plan. These plans offer lower monthly premiums and out-of-pocket costs compared to the other Medicare-eligible retiree plans. Questions? Call Aetna at 800-307-4830.

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# Terms to Know

While we try to keep the information in this guide easy to understand, there are some health care terms that are important to know. Take a moment to review these terms—they'll help you better use your Fulton County benefits.

<b>Annual deductible</b>	What you pay out of pocket each year before the plan starts paying a share of the cost for covered services.
<b>Copay</b>	An upfront fee you pay for doctor visits, prescriptions and other costs, depending on the medical plan you enroll in.
<b>Coinsurance</b>	Once you meet your annual deductible, you and the County share the cost of your covered health care expenses. The percentage you pay is your coinsurance.
<b>Out-of-pocket maximum</b>	The maximum amount you'll pay out of pocket each year for in-network care. Some plans have a separate out-of-network maximum, too. Once you meet the out-of-pocket maximum, the plan covers 100% of your qualified medical expenses for the remainder of the plan year.
<b>Exclusions</b>	Charges, services or supplies that are not covered and do not apply toward your deductible or out-of-pocket maximum.
<b>Reasonable and customary charge</b>	The amount charged for a service based on the cost of similar medical services in your geographic area. It is used to determine how much you pay in coinsurance when you receive out-of-network care.

# Eligibility

If you are eligible to enroll in coverage, you may also cover your eligible family members, including:

- Your legal spouse
- Children under age 26 (natural children, adopted children and stepchildren)
- Dependent children of any age who are medically certified as disabled
- Dependent children age 26 or older who are handicapped due to a mental or physical condition that started before age 19\*

## Required Documents

You must provide verification documents for all eligible dependents you wish to enroll. Please email verification documents to [pensionunit@fultoncountyga.gov](mailto:pensionunit@fultoncountyga.gov) or fax them to **404-612-1870**. If you do not provide verification documents for your dependents when you enroll them in coverage, the start date of their coverage will be delayed.

Dependent	Required Documentation
Legal spouse	Copy of your marriage certificate
Natural child	Birth certificate
Adopted child	Placement papers signed by a court
Stepchild	Birth certificate of your stepchild; copy of your marriage certificate
Court-ordered child support	State affidavit; copy of signed court order requiring you to provide support for health coverage
Permanently disabled child age 26 or older*	Physician verification of permanent disability

\* Coverage normally ends on the last day of the month in which a dependent child reaches age 26; however, you can continue coverage for a handicapped dependent child. You must provide proof to the Fulton County Pension Office that your child's handicap began before the child reached age 19. Coverage stays in force for as long as dependent coverage under the plan continues and the child remains handicapped, as defined above.



# Save Money and Help Keep Health Care Costs Down!

Protect yourself from rising health care costs by taking advantage of every opportunity for savings. Before and after you need care, your Fulton County benefits are designed to save you money on premiums and out-of-pocket costs.

## Wellness Credit for Pre-65 Retirees

All pre-65 (non-Medicare-eligible) retirees enrolled in a Fulton County medical plan will receive a \$20 monthly premium reduction in 2021.

Due to the COVID-19 pandemic, we've had to cancel all biometric screening events. All eligible retirees will automatically receive the \$240 annual wellness credit (\$20 per month) in 2021. You do not need to complete an annual physical or attend a County-sponsored biometric screening event to earn the credit.

## Tobacco-Use Attestation

All pre-65 (non-Medicare-eligible) retirees and beneficiaries enrolled in 2021 medical coverage must complete and return the *Tobacco-Use Attestation* form to the Fulton County Pension Office by October 9, 2020 to avoid the \$50 monthly tobacco-use surcharge beginning in January 2021.

**Medicare-eligible retirees don't need to complete the *Tobacco-Use Attestation* form.**

If you are a tobacco user, you **must** complete a tobacco cessation program by May 30, 2021 to avoid the surcharge. You will receive details about the tobacco cessation program in the first quarter of 2021.

If you are a tobacco user and do not commit to a tobacco cessation program, you will pay the \$50 monthly surcharge starting January 1, 2021.

## Grady Health System

Anthem BlueCross BlueShield of Georgia (Anthem) and Grady Health System offer high-quality health services to retirees enrolled in Anthem medical plans. Participants in the Anthem HMO, POS, Medicare HMO, Medicare Indemnity, and PPO Plus plans receive **free care** at Grady facilities. Participants in the Anthem HSA Plan receive **free care after meeting the deductible**.

Grady is one of the largest public hospital systems in the Southeast and is a world-renowned teaching hospital. It's staffed with doctors from the Emory University and Morehouse Schools of Medicine. As an Anthem participant, you have access to inpatient and outpatient services, as well as neighborhood clinics for routine care.

Visit [gradyhealth.org/locations](https://www.gradyhealth.org/locations) to find your nearest Grady facility.



## Know Where to Go for Care

An easy way to limit how much you pay when you need care is to carefully choose **where** you receive care. Here's how:



**Skip the emergency room, if possible.** If you go to the emergency room in a non-emergency situation, you could be responsible for the full cost of treatment. In fact, the average ER cost in a non-emergency situation is over \$1,400!<sup>1</sup> **When you have a life-threatening medical issue, go immediately to the emergency room. But if it's an ankle sprain, rash or sore throat, your doctor's office or an urgent care center is your best option.**



**Try an urgent care center when your doctor is away or not conveniently available for you.** Urgent care centers are best for non-emergencies when you need care and your regular doctor is unavailable. Don't use it for routine care; urgent care generally costs more and has longer wait times than your doctor's office.



**Speak to a doctor by video chat.** Telemedicine provides 24/7 health care from board-certified doctors to treat minor health issues via smartphone, tablet or computer. No appointment is needed.



**Keep your care in-network.** You'll pay much more out of pocket if you visit hospitals and doctors that aren't in your plan's network. Visit out-of-network providers only in an emergency or when in-network providers are unavailable. Certain plans, including the Anthem HMO and Kaiser HMO, won't pay benefits if you receive care out-of-network, unless it's an emergency.

<sup>1</sup>National averages of the total cost, not what members paid based on Anthem members' paid claims from January 1, 2016 through December 31, 2016.

# Medical Plans for Pre-65 Retirees and Dependents

Fulton County offers four medical plan options for pre-65 (non-Medicare-eligible) retirees and their eligible dependents:

- Anthem Health Savings Account (HSA) Plan
- Anthem Point of Service (POS) Plan
- Anthem Health Maintenance Organization (HMO) Plan
- Kaiser Health Maintenance Organization (HMO) Plan

All of the plans cover in-network preventive care at 100%, including routine physical exams, immunizations, and age- and gender-appropriate tests and screenings. Certain preventive medications are also covered, including contraceptives and tobacco cessation generic prescription drugs and FDA-approved over-the-counter tobacco cessation products.

## Anthem HSA Plan

The HSA Plan gives you the flexibility to visit any provider—whether they're in the Anthem network or not. That means the plan pays benefits in-network and out-of-network. However, you pay **less** when you visit an in-network provider, because they discount their fees. **Note:** The Anthem HSA Plan is not available for pre-65 dependent coverage in a split family situation (i.e., where the retiree is enrolled in Medicare-eligible coverage and a dependent is enrolled in the Anthem HSA Plan).

The Anthem HSA Plan helps you save for future health expenses, because it comes with a Health Savings Account (HSA).

If you enroll in the HSA Plan, you'll receive a welcome kit and debit card from Anthem Act Wise, the HSA administrator. You can use the debit card to pay for eligible medical, dental and vision expenses, including copays and coinsurance. Visit [actwise.anthem.com](https://actwise.anthem.com) to learn about covered expenses, how to use your account, and how to track your transactions.

### Highlights of the Health Savings Account:

- Fulton County makes pre-tax contributions to your HSA each financial quarter (1/29/2021; 4/30/2021; 7/30/2021; 10/29/2021). The amount depends on the coverage level you choose—Retiree, Retiree + 1, or Family.
- You can also make pre-tax contributions to your HSA, up to annual IRS limits.
- The money in your HSA is always yours. There's no "use-it-or-lose-it" rule, so you can save the money for big medical expenses—even those that occur when you have Medicare coverage.

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Not all medical expenses come by surprise. If you're managing an ongoing condition or have major health concerns, review each plan's annual deductible and out-of-pocket maximum to ensure you can afford to pay both in 2021. What works best for you and your family might change from year to year.

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The annual amount you and Fulton County contribute to your HSA each year is determined by the IRS:

Coverage Tier	Fulton County Quarterly Contribution	2021 IRS Maximum Annual Contribution*	Your Maximum Annual Contribution
Retiree	\$187.50	\$3,600	\$2,850
Retiree + 1	\$375.00	\$7,200	\$5,700
Family	\$375.00	\$7,200	\$5,700

\*If you're age 55 or older in 2021, you can make a "catch-up contribution" of up to \$1,000 in addition to your maximum annual contribution.

## Anthem POS Plan

The Anthem Point of Service (POS) Plan has a lower deductible and out-of-pocket maximum than other plans, plus flexibility about where you can receive care. You can go to any doctor you wish, but you'll pay more when you see out-of-network providers. You must meet the annual deductible before the plan begins paying benefits. Copays do **not** apply toward the deductible.

## Anthem HMO/Kaiser HMO Plans

Health Maintenance Organization (HMO) plans offer a managed approach to in-network care, typically for a fixed cost (that is, a "copay"), but with less flexibility than the Anthem HSA and POS plans. If you receive care out-of-network, you're responsible for 100% of the cost, except in an emergency.

For the Kaiser HMO Plan, you'll have to select an in-network primary care physician (PCP). Your PCP oversees your entire care and must refer you for any specialty care you may need. A PCP is not required for the Anthem HMO Plan.

**Note:** The Kaiser HMO Plan is not available for pre-65 dependent coverage in a split family situation in which the Medicare-eligible retiree is enrolled in a non-Kaiser plan (i.e., an Anthem or Aetna plan). If the Medicare-eligible retiree is enrolled in the Kaiser Senior Advantage Plan, pre-65 dependents may enroll in the Kaiser HMO Plan.

There's no deductible for the HMO plans.

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Want to make the most of your HSA balance? Use Grady Health System providers! Most services are covered at 100% after you meet your annual deductible. To find a Grady Health System provider, visit [gradyhealth.org/find-a-doctor](https://gradyhealth.org/find-a-doctor).

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If you plan to enroll in one of the HMO plans, it's important to confirm your providers are in-network:

- Anthem HMO Plan: [anthem.com](https://anthem.com)
  - Kaiser HMO Plan: [my.kp.org/fulton](https://my.kp.org/fulton)
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## Medical Plan Comparison

Below is a comparison of **what YOU pay** when you receive covered services.

**Important:** If you are enrolled in the Anthem POS or Anthem HMO and use Grady Health System providers, services are covered 100%, **without** meeting a deductible. If you are enrolled in the Anthem HSA Plan and use Grady Health System providers, services are covered 100% **after** you pay your deductible.

		Anthem HSA Plan		Anthem POS Plan		Anthem HMO and Kaiser HMO Plans
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
<b>Annual deductible</b>	Retiree	\$1,500	\$3,000	\$500	\$1,000	No deductible
	Retiree + 1	\$3,000	\$6,000	\$750	\$1,500	
	Family	\$3,000	\$6,000	\$1,000	\$2,000	
<b>Annual out-of-pocket maximum</b>	Retiree	\$3,000	\$6,000	\$2,000	\$4,000	\$6,450
	Retiree + 1	\$6,000	\$12,000	\$3,000	\$6,000	\$12,900
	Family	\$6,000	\$12,000	\$4,000	\$8,000	\$12,900
<b>Coinsurance</b>		10%	40%	20%	40%	100% covered
<b>Preventive care</b>		100% covered, no deductible	40% after deductible	100% covered, no deductible	40%	100% covered
<b>Office visit</b>		10% after deductible	40% after deductible	PCP: \$30 Specialist: \$50	40% after deductible	PCP: \$25 Specialist: \$40
<b>Emergency room</b>		10% after deductible	10% after deductible	\$200 copay (waived if admitted)	\$200 copay (waived if admitted)	\$150 copay (waived if admitted)
<b>Urgent care</b>		10% after deductible	40% after deductible	\$50 copay	40% after deductible	\$50 copay
<b>Inpatient hospital</b>		10% after deductible	40% after deductible	20% after deductible	40% after deductible	\$250 copay
<b>Outpatient hospital</b>		10% after deductible	40% after deductible	20% after deductible	40% after deductible	\$150 copay
<b>Outpatient lab and x-ray</b>		10% after deductible	40% after deductible	20% after deductible	40% after deductible	100% covered
<b>Skilled nursing facility</b>		10% after deductible	40% after deductible	20% after deductible	40% after deductible	100% covered, up to 120 days per year
<b>Inpatient mental health</b>		10% after deductible	40% after deductible	20% after deductible	40% after deductible	\$120 copay
<b>Outpatient mental health</b>		10% after deductible	40% after deductible	20% after deductible	40% after deductible	\$25 copay
<b>Hearing aid benefit</b>		10% after deductible	40% after deductible	20% after deductible	40% after deductible	100% covered, up to \$2,000 annual maximum

# Prescription Drug Benefits for Pre-65 Retirees and Dependents

When you enroll in an Anthem medical plan, you're enrolled automatically in prescription drug benefits through IngenioRx. You can fill prescriptions at a retail pharmacy that participates in the IngenioRx network (most do), or you can have your medication delivered to your home.

If you enroll in the Kaiser HMO Plan, your prescription drug benefits are through Kaiser. The amount you'll pay for a prescription drug depends on which tier the drug falls into, and whether you fill the prescription at a retail pharmacy or by mail.

## Drug Tiers

- **Tier 1:** Generic drugs are the lower-cost equivalents of brand-name drugs. They are approved by the U.S. Food and Drug Administration and have the same active ingredients, safety, dosage, quality, and strength as their brand-name equivalents.
- **Tier 2:** Preferred drugs are brand-name drugs. They are more expensive than generic drugs, but less expensive than non-preferred drugs.
- **Tier 3:** Non-preferred drugs are more expensive brand-name drugs.
- **Tier 4:** Specialty and injectable drugs are drugs used to treat complex, chronic conditions and may require special handling and/or management.

## Formulary

### Anthem Plans

Visit [anthem.com](https://www.anthem.com) to find the IngenioRx Prescription Drug List and search for your medication. The search result will tell you the tier of your prescription. Anthem's website can also help you find generic alternatives to existing prescriptions and FDA recalls and warnings.

### Kaiser HMO Plan

Visit [kp.org](https://www.kp.org) to use the formulary lookup tool. It's available under **Health & Wellness** and then **Drug formulary** (under **Drugs & natural medicines**). Select **Georgia** as your region. Then, select the **HMO formulary** pdf.

## Prescription Drug Plan Comparison

	Anthem HSA Plan		Anthem POS Plan		Anthem HMO/Kaiser HMO Plans
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
<b>RETAIL (UP TO A 30-DAY SUPPLY)</b>					
<b>Generic</b>	10% after deductible	40% after deductible	\$10 copay	40% after deductible	\$10 copay
<b>Preferred</b>			\$35 copay		\$30 copay
<b>Non-preferred</b>			\$60 copay		\$50 copay
<b>Specialty</b>			\$100 copay		\$75 copay
<b>MAIL ORDER (UP TO A 90-DAY SUPPLY)</b>					
<b>Generic</b>	10% after deductible	40% after deductible	\$20 copay	40% after deductible	\$20 copay
<b>Preferred</b>			\$60 copay		\$60 copay
<b>Non-preferred</b>			\$100 copay		\$100 copay
<b>Specialty</b>			\$150 copay		\$150 copay

## Additional Prescription Drug Information for Anthem Plans

### Mandatory Generics

When your doctor prescribes a prescription drug, ask if a generic version is available. If it is, but your doctor writes “Dispense as Written” (or “DAW”) on your prescription and your prescription is filled with the brand-name drug, you will pay more—you’ll pay the generic drug copay plus the difference in cost between the generic drug and the brand-name drug. Visit [anthem.com](http://anthem.com) to see if your brand-name drug has a generic equivalent.

### Mail-Order Instructions

IngenioRx Home Delivery Pharmacy is your mail-order prescription drug pharmacy. To order a prescription for mail delivery:

- Visit [anthem.com](http://anthem.com) and select **Pharmacy**, or call the Pharmacy Member Services number at 833-270-6379.
- Update your mailing address and phone number, if needed.
- Enter your credit card number or checking account information.
- Re-enroll for auto-refill, if needed.

### Specialty Medications

If you’re ordering a specialty prescription, you may need to contact the Care Team through IngenioRx Specialty Pharmacy. The Care Team is available 24 hours a day, 7 days a week at 833-255-0645.

# Monthly Pre-65 Medical and Prescription Drug Plan Premiums

The following tables show what you'll pay monthly for medical and prescription drug coverage. Monthly premiums will be \$50 higher if you must pay the tobacco surcharge.

All pre-65 retirees enrolled in a Fulton County medical plan will receive a \$20 monthly premium reduction in 2021. On your pension statement, you'll see a \$20 wellness credit deduction on the monthly premium rates shown below.

## Split Rates

Retirees and dependents may be enrolled in different plans, depending on Medicare eligibility. All Medicare-eligible retirees and dependents are enrolled in age 65+ plans (see page 16). If you have enrolled dependents who are not yet eligible for Medicare (typically, those under age 65), they are enrolled in a pre-65 plan. This means that some retirees and dependents will be enrolled in different plans. This is also referred to as a "split family."

The rates shown below are for pre-65 plans only. If you are in a split family, use the example to the right to determine how your rate is calculated.

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### Split Family Example

Jack, a pre-65 (non-Medicare-eligible) retiree, is enrolled in the pre-65 Anthem HMO Plan. Megan, Jack's spouse, is 65+ (Medicare-eligible) and enrolled in the 65+ Anthem Medicare Indemnity Plan. The split-family rate will be a combination of the following premiums:

- Pre-65 Anthem HMO Plan "Retiree" premium, PLUS
  - 65+ Anthem Medicare Indemnity Plan "Retiree" premium.
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Plan	Coverage Tier	Retired 2004 or Earlier	Retired 2005	Retired 2006
<b>Anthem HSA Plan</b>	Retiree	\$99.90	\$149.85	\$169.83
	Retiree + 1	\$190.97	\$286.46	\$324.65
	Family	\$254.80	\$382.19	\$433.15
<b>Anthem POS Plan</b>	Retiree	\$127.50	\$191.25	\$216.75
	Retiree + 1	\$235.34	\$353.01	\$400.08
	Family	\$319.32	\$478.98	\$542.84
<b>Anthem HMO Plan</b>	Retiree	\$111.93	\$167.89	\$190.27
	Retiree + 1	\$206.58	\$309.87	\$351.19
	Family	\$280.31	\$420.47	\$476.53
<b>Kaiser HMO Plan</b>	Retiree	\$76.69	\$115.04	\$130.38
	Retiree + 1	\$146.61	\$219.91	\$249.23
	Family	\$195.78	\$293.67	\$332.83

Plan	Coverage Tier	Retired 2007–2011	Retired 2012–2015	Retired 2016 or Later
<b>Anthem HSA Plan</b>	Retiree	\$199.80	\$219.78	\$199.80
	Retiree + 1	\$381.94	\$420.13	\$381.94
	Family	\$509.59	\$560.55	\$509.59
<b>Anthem POS Plan</b>	Retiree	\$255.00	\$280.50	\$318.75
	Retiree + 1	\$470.68	\$517.75	\$588.35
	Family	\$638.64	\$702.50	\$798.30
<b>Anthem HMO Plan</b>	Retiree	\$223.85	\$246.24	\$279.81
	Retiree + 1	\$413.17	\$454.48	\$516.46
	Family	\$560.62	\$616.68	\$700.78
<b>Kaiser HMO Plan</b>	Retiree	\$153.39	\$168.72	\$153.39
	Retiree + 1	\$293.21	\$322.53	\$293.21
	Family	\$391.56	\$430.72	\$391.56

# Medical Plans for Age 65+ Retirees and Dependents

Fulton County offers six medical plans for retirees age 65+ (Medicare-eligible) and their eligible dependents:

- Basic Aetna Medicare Advantage Plan
- Enhanced Aetna Medicare Advantage Plan
- Anthem Medicare Health Maintenance Organization (HMO) Plan
- Anthem Medicare Indemnity Plan
- Anthem Medicare Preferred Provider Organization (PPO) Plus Plan (see page 17 for eligibility requirements)
- **New!** Kaiser Senior Advantage Plan

## Basic and Enhanced Aetna Medicare Advantage Plans

Aetna contracts with Medicare to provide all your Medicare Part A and Part B benefits. You can visit any Medicare-approved provider (that is, any provider who accepts Medicare) and receive the same benefits—the provider does not need to be in the Aetna network.

If you are currently enrolled in the Anthem Medicare HMO Plan and you have Medicare Part A and Part B coverage, you will be enrolled automatically in the Basic Aetna Medicare Advantage Plan unless you opt out. **To opt out, you must call Aetna at 800-307-4830 (TTY/TDD: 711) by October 9, 2020.**

These plans offer **greater benefits with lower premiums** than the Anthem Medicare HMO and Anthem Medicare PPO Plus plans. There is no deductible or coinsurance for the Enhanced or Basic Aetna Medicare Advantage plans. Additionally, preventive care, well-being and the SilverSneakers fitness programs are covered benefits.

### Differences Between the Plans

- The Enhanced Aetna Medicare Advantage Plan offers the greatest benefits available to Medicare retirees; however, your premiums are higher than the Basic Aetna Medicare Advantage Plan.
- You'll pay copays when you need care under the Basic Aetna Medicare Advantage Plan; there are no copays for the Enhanced Aetna Medicare Advantage Plan—it covers 100% of eligible expenses.

## **Anthem Medicare HMO Plan**

This plan supplements benefits paid by Medicare. **Your care MUST be provided by or referred by your in-network primary care physician;** otherwise, the plan does not pay benefits (except in case of emergency).

Medicare pays benefits first, then the plan pays benefits. You and the plan share the cost of your care through copays—there are no deductibles or coinsurance.

Preventive care and preventive medications are covered 100% by the plan with no cost to you. Routine physical exams, immunizations, and age- and gender-appropriate tests and screenings count as preventive care. Preventive medications include eligible tobacco cessation products, brand-name drugs with no generic alternative, and some over-the-counter items. See page 19 for more information about which prescription drugs are covered.

## **Anthem Medicare Indemnity Plan**

This plan supplements your Medicare benefits. As long as you meet your deductible and receive medical services covered under Medicare, the plan pays 100% of the amount Medicare doesn't pay.

## **Anthem Medicare PPO Plus Plan**

**You may enroll in this plan only if you are age 65 or older, your last day as an active employee was on or before December 31, 1991, and you were enrolled in this plan at that time.**

You and the plan share the cost for your care through your annual deductible and coinsurance. **When received in-network**, preventive care and preventive medications are covered 100% by the plan—no deductible or coinsurance is required. Routine physical exams, immunizations, and age- and gender-appropriate tests and screenings count as preventive care. Preventive medications include eligible tobacco cessation products, prescription contraceptives, brand-name drugs with no generic alternative, and some over-the-counter items.

## **New! Kaiser Senior Advantage Plan**

Kaiser contracts with Medicare to provide all your Medicare Part A and Part B benefits. **You'll have to select an in-network primary care physician (PCP). Your PCP oversees your entire care and must refer you for any specialty care you may need.**

The plan shares the cost of covered services immediately—there's no deductible. Generally, all you pay is a copay until you reach your out of pocket maximum. Once you hit the out of pocket maximum, the plan covers the full cost of services for the rest of the plan year.

# Medical Plan Comparison

Below is a comparison of **what YOU pay** when you receive covered services.

	Basic Aetna Medicare Advantage Plan	Enhanced Aetna Medicare Advantage Plan	Anthem Medicare HMO Plan (in-network only)	Anthem Medicare Indemnity Plan	Anthem Medicare PPO Plus Plan	Kaiser Senior Advantage Plan
<b>Annual deductible</b>	None	None	None	Retiree: \$100 Family: \$200	Retiree: \$100 Family: \$300	None
<b>Annual out-of-pocket maximum</b>	\$1,000	None	Retiree: \$7,350 Family: \$14,700	None	Retiree: \$1,500 Family: \$3,000	\$1,000
<b>Preventive care</b>	100% covered	100% covered	100% covered	100% covered after Medicare	100% covered	100% covered
<b>Emergency room services</b>	\$65 copay (waived if admitted)	100% covered	\$90 copay	100% covered after Medicare	10%, after deductible	\$65 copay
<b>Doctor's office visit</b>	\$15 copay	100% covered	\$25 copay	100% covered after Medicare	10%, after deductible	\$15 copay
<b>Ambulance</b>	100% covered	100% covered	100% covered	100% covered after Medicare	10%, after deductible	100% covered
<b>Outpatient office visit</b>	\$15 copay	100% covered	\$120 copay, max. of \$500	100% covered after Medicare	In-network: 10%, after deductible Out-of-network: 20%	\$50 copay
<b>Inpatient office visit</b>	\$120 copay	100% covered	\$120 copay, max. of \$500	100% covered after Medicare	In-network: 10%, after deductible Out-of-network: 20%	\$100 copay
<b>Lab, x-ray and other diagnostic tests</b>	100% covered	100% covered	100% covered	100% covered after Medicare	In-network: 10%, after deductible Out-of-network: 20%	100% covered
<b>Skilled nursing facility</b>	100% covered, up to 100 days per calendar year	100% covered, up to 100 days per calendar year	100% covered, up to 120 days per calendar year	100% covered after Medicare	10%, after deductible	100% covered, up to 100 days per calendar year
<b>Home health care</b>	100% covered	100% covered	100% covered, up to 120 days per calendar year	100% covered after Medicare	10%, after deductible	100% covered

# Prescription Drug Benefits for Age 65+ Retirees and Dependents

When you enroll in an **Anthem plan**, you're automatically enrolled in prescription drug benefits through IngenioRx. You can fill prescriptions at a retail pharmacy that participates in the **IngenioRx** network (most do), or you can have prescriptions delivered to your home.

If you enroll in an **Aetna plan**, your prescription drug benefits are through **Aetna**.

If you enroll in the **Kaiser Senior Advantage Plan**, your prescription drug benefits are through **Kaiser**.

The amount you'll pay for a prescription depends on which tier the drug falls into and whether you fill the prescription at a retail pharmacy or by mail.

## Drug Tiers

- **Tier 1:** Generic drugs are the lower-cost equivalents of brand-name drugs. They are approved by the U.S. Food and Drug Administration and have the same active ingredients, safety, dosage, quality and strength as their brand-name equivalents.
- **Tier 2:** Preferred drugs are brand-name drugs that are more expensive than generic drugs, but less expensive than non-preferred drugs.
- **Tier 3:** Non-preferred drugs are more expensive brand-name drugs.
- **Tier 4:** Specialty and injectable drugs are drugs used to treat complex, chronic conditions and may require special handling and/or management.

# Formulary

## Anthem Plans

Visit [anthem.com](https://www.anthem.com) to find the IngenioRx Prescription Drug List and search for your medication. The search result will tell you the tier of your prescription. Anthem's website can also help you find generic alternatives to existing prescriptions and FDA recalls and warnings.

## Aetna Plans

Visit [aetnaretireplans.com](https://www.aetnaretireplans.com). Scroll down to the middle of web page and in the section titled **Choose a Formulary (Drug List) Name to See Documents**, select:

- Plan type: **MAPD**
- Formulary name: **GRP B2 Plus (4 Tier)**

Then, choose one of the documents to download.

## Kaiser Senior Advantage Plan

Visit [kp.org](https://www.kp.org) to use the formulary lookup tool. It's available under **Health & Wellness** and then **Drug formulary** (under **Drugs & natural medicines**). Select **Georgia** as your region. Then, select **Medicare Part D formulary, 2020**.

# Prescription Drug Copays

If you are a Medicare-eligible retiree, the amount you pay for prescription drugs depends on your medical plan and where you fill your prescription:

Retail (up to a 30-day supply)*		
	Aetna and Anthem Plans	Kaiser Senior Advantage Plan
Tier 1: Generic drugs	\$10	\$10
Tier 2: Preferred drugs	\$25	\$25
Tier 3: Non-preferred drugs	\$45	\$45
Tier 4: Specialty and injectable drugs	\$60	\$60
Mail Order (up to a 90-day supply)*		
	Aetna and Anthem Plans	Kaiser Senior Advantage Plan
Tier 1: Generic drugs	\$15	\$20
Tier 2: Preferred drugs	\$45	\$50
Tier 3: Non-preferred drugs	\$90	\$90
Tier 4: Specialty and injectable drugs	\$120	\$120

\*If you are enrolled in an Aetna plan, your copay while in the Medicare catastrophic coverage phase for generic medications will be the greater of \$3.70 or 5% of the drug cost; your copay for all other medications will be the greater of \$9.20 or 5% of the drug cost.

## Additional Information for Anthem Plans

### Mandatory Generics

When your doctor prescribes a prescription drug, ask if a generic version is available. If it is, but your doctor writes “Dispense as Written” (or “DAW”) on your prescription and your prescription is filled with the brand-name drug, you will pay more—you’ll pay the generic drug copay plus the difference in cost between the generic drug and the brand-name drug. Visit [anthem.com](https://www.anthem.com) to see if your brand-name drug has a generic equivalent.

### Mail-Order Instructions

IngenioRx Home Delivery Pharmacy is your mail-order prescription drug pharmacy. To order a prescription for mail delivery:

- Visit [anthem.com](https://www.anthem.com) and select **Pharmacy**, or call the Pharmacy Member Services number at 833-270-6379.
- Update your mailing address and phone number, if needed.
- Enter your credit card number or checking account information.
- Re-enroll for auto-refill, if needed.

### Specialty Medications

If you’re ordering a specialty prescription, you may need to contact the Care Team through IngenioRx Specialty Pharmacy. The Care Team is available 24 hours a day, 7 days a week at 833-255-0645.



# Age 65+ Monthly Medical and Prescription Drug Plan Premiums

## Split Rates

Retirees and dependents may be enrolled in different plans, depending on Medicare eligibility. All Medicare-eligible retirees and dependents are enrolled in age 65+ plans (see page 7). If you have enrolled dependents who are not yet eligible for Medicare (typically, those under age 65), they are enrolled in a pre-65 plan. This means that some retirees and dependents will be enrolled in different plans. This is also referred to as a “split family.”

The rates shown below are for 65+ (Medicare-eligible) plans only. If you are in a split family, use the example to the right to determine how your rate is calculated.



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### Split Family Example

Steve, a 65+ (Medicare-eligible) retiree, is enrolled in the Basic Aetna Advantage Plan and has two pre-65 (non-Medicare-eligible) dependents—a spouse and a child—enrolled in the pre-65 Anthem POS Plan. The split family rate will be a combination of the following premiums:

- 65+ Basic Aetna Medicare Advantage "Retiree" premium, PLUS
  - Pre-65 Anthem POS Plan "Retiree + 1" premium.
-



	Coverage Tier	Retired 2004 or Earlier	Retired 2005	Retired 2006
<b>Basic Aetna Medicare Advantage Plan</b>	Retiree	\$21.76	\$32.64	\$36.99
	Retiree + 1	\$43.51	\$65.27	\$73.97
	Family	\$65.27	\$97.91	\$110.96
<b>Enhanced Aetna Medicare Advantage Plan</b>	Retiree	\$58.38	\$69.26	\$73.61
	Retiree + 1	\$116.75	\$138.51	\$147.21
	Family	\$175.13	\$207.77	\$220.82
<b>Anthem Medicare HMO Plan</b>	Retiree	\$82.46	\$123.69	\$140.19
	Family	\$155.77	\$233.65	\$264.81
<b>Anthem Medicare Indemnity Plan</b>	Retiree	\$126.15	\$138.76	\$145.07
	Family	\$323.18	\$355.50	\$371.66
<b>Anthem Medicare PPO Plus Plan</b>	Retiree	\$63.07		
	Family	\$161.59		
<b>Kaiser Senior Advantage Plan</b>	Retiree	\$18.50	\$27.75	\$31.45
	Retiree + 1	\$37.00	\$55.51	\$62.91
	Family	\$55.51	\$83.26	\$94.36

	Coverage Tier	Retired 2007–2011	Retired 2012–2015	Retired 2016 and Later
<b>Basic Aetna Medicare Advantage Plan</b>	Retiree	\$43.51	\$47.87	\$43.51
	Retiree + 1	\$87.03	\$95.73	\$87.03
	Family	\$130.54	\$143.60	\$130.54
<b>Enhanced Aetna Medicare Advantage Plan</b>	Retiree	\$80.13	\$84.49	\$80.13
	Retiree + 1	\$160.27	\$168.97	\$160.27
	Family	\$240.40	\$253.46	\$240.40
<b>Anthem Medicare HMO Plan</b>	Retiree	\$164.92	\$181.42	\$164.92
	Family	\$311.54	\$342.69	\$311.54
<b>Anthem Medicare Indemnity Plan</b>	Retiree	\$157.69	\$170.30	\$157.69
	Family	\$403.98	\$436.30	\$403.98
<b>Kaiser Senior Advantage Plan</b>	Retiree	\$37.00	\$40.70	\$37.00
	Retiree + 1	\$74.01	\$81.41	\$74.01
	Family	\$111.01	\$122.11	\$111.01

# Dental Plan Options

Fulton County offers dental coverage for you and your eligible dependents. Dental coverage is the same for pre-65 and age 65+ retirees.

You have two dental plan options:

- Aetna Dental HMO Plan (not available in Louisiana)
- Aetna Dental PPO Plan

To find an in-network dentist, visit Aetna's website at [aetna.com/individuals-families/find-a-doctor.html](https://www.aetna.com/individuals-families/find-a-doctor.html).

## Aetna Dental HMO Plan

Under the Aetna Dental HMO Plan, **you and each enrolled family member must choose a primary care dentist**. Your primary care dentist will treat you or refer you for care to other Aetna network providers. The plan pays benefits for preventive, basic and major care when provided by or referred by your primary care dentist (the exception is orthodontia—it's covered, and you don't need a referral for orthodontic care). **Benefits are *not* paid for care provided by or referred by out-of-network dentists, except in emergencies.**

This plan has the following advantages when compared with the Aetna Dental PPO Plan:

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

**Note:** The Dental HMO Plan is not available in Louisiana.

## Aetna Dental PPO Plan

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

The Aetna Dental PPO network includes more providers than the Aetna Dental HMO network.

## Dental Plan Comparison

	Aetna Dental HMO Plan	Aetna Dental PPO Plan	
	In-Network ONLY	In-Network	Out-of-Network*
<b>Deductible</b>	None	Single: \$50 Family: \$150	
<b>Preventive services</b>	100% covered	100% covered	100% covered PLUS any amount over the R&C
<b>Basic services</b>	100% covered	15%	15% PLUS any amount over the R&C
<b>Major services</b>	40%	50%	50% PLUS any amount over the R&C
<b>Annual benefit maximum</b>	None	\$1,500 per person	
<b>Orthodontic services</b>	No referral required. \$1,500 copay (for 2 years of treatment plus 2 years of follow-up)	Deductible: \$50 per person Lifetime maximum: \$1,500 per person	

\*The reasonable and customary charge (R&C) is the normal amount charged by most dental providers in your geographic region, as determined by Aetna.

### Pre-65 (Non-Medicare-Eligible) Monthly Dental Plan Premiums

Coverage Tier	Aetna Dental HMO Plan	Aetna Dental PPO Plan
Retiree	\$16.97	\$34.62
Retiree + 1	\$33.11	\$70.99
Family	\$54.33	\$93.09

### Age 65+ (Medicare-Eligible) Monthly Dental Plan Premiums

Coverage Tier	Aetna Dental HMO Plan	Aetna Dental PPO Plan
Retiree	\$16.97	\$34.62
Family	\$34.62	\$78.81



# Vision Plan

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

To find a network provider, visit [eyemedvisioncare.com](http://eyemedvisioncare.com) or call **866-723-0596**.

**What you'll pay.** For retiree coverage, the EyeMed Vision PPO Plan costs \$5.24 per month. If you elect vision coverage, you can enroll all your eligible dependents for the same cost!

## Plan Details

Services	In-Network	Out-of-Network
<b>Exam</b> , once every 12 months	Plan pays 100%, up to \$50	Up to \$50
<b>Lenses and frames</b> , once every 12 months	Up to \$200 allowance*	Up to \$100 allowance
<b>Contacts</b> (instead of glasses and frames)	Up to \$200 allowance (or 100% covered if medically necessary)*	Up to \$160 allowance (up to \$200 if medically necessary)

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



# Employee Assistance Program (EAP)

Even if you don't enroll in Fulton County medical plan coverage, you and your eligible family members have access to the EAP, which is administered by Anthem BlueCross BlueShield of Georgia. The EAP provides 100% free, confidential, short-term assistance and counseling to help individuals resolve a variety of personal concerns. Your free EAP resources include:

- Toll-free telephone consultations and crisis management with a licensed mental health professional
- Up to **eight** face-to-face counseling sessions to address personal and/or work-related problems, including stress, depression, anxiety, health and wellness
- Legal services, including a 30-minute phone or in-person consultation with an attorney, as well as a 25% discount off normal attorney fees if additional services are required
- Customized resources and referrals for childcare and senior care
- Access to the Anthem website with a library of articles on mental health, stress management, relationships, substance abuse, financial resources and more.

EAP services are available 24 hours a day, seven days a week. Call **800-999-7222** or visit **[anthemeap.com](http://anthemeap.com)** (password: Fulton).



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# Life and AD&D Insurance

Life and Accidental Death and Dismemberment (AD&D) Insurance coverage is available through MetLife.

Your coverage options include:

- **Basic Life Insurance**
- **Dependent Spouse and Child Life Insurance**

## Coverage Restrictions

Eligible employees, retirees and dependents may be covered only one time under the Fulton County Group Life Insurance Policy. Specifically, if a person is covered as an employee or retiree, they CANNOT be covered as a dependent of another employee or retiree. Also, if both parents are covered as insured employees/retirees under the group policy, only one may cover their eligible dependent child(ren).

If you fall into any of those categories as an employee or a retiree, the following is applicable:

- If you are a retiree covered as a dependent on another employee's or retiree's plan with Fulton County, that employee or retiree will need to drop you from their plan as a dependent. If that employee or retiree has no other eligible dependents besides you, the dependent premium will be refunded retroactively effective from April 1, 2013.
- Retirees who have children together will need to determine which retiree will cover the dependent child(ren), since they cannot be covered by both parents. If either retiree has no other eligible dependent besides the child(ren) dropped from their coverage, that retiree will be refunded the dependent premium retroactively effective from April 1, 2013.

# Important Contacts

Plan/Service	Administrator	Phone	Website
Pension Office	Fulton County	404-612-7606	<a href="http://fultoncountyga.gov">fultoncountyga.gov</a>
<b>Preventive services</b>			
Anthem HSA Plan Anthem POS Plan Anthem HMO Plan Anthem Medicare Indemnity Plan Anthem Medicare HMO Plan Anthem Medicare PPO Plus Plan	Anthem	800-474-2227 Pre-admission: 800-662-9023 Pre-certification and referral authorization: 800-722-6614 Mental health and substance abuse: 800-292-2879	<a href="http://anthem.com">anthem.com</a>
Prescription Drugs	IngenioRx	833-270-6379	
Prescription Drug Mail-Order Program			
Specialty Pharmacy			
Health Savings Account (HSA Plan)	Anthem Act Wise	800-474-2227	<a href="http://actwise.anthem.com">actwise.anthem.com</a>
<b>Aetna Medical Plans</b>			
Basic Medicare Advantage Plan Enhanced Medicare Advantage Plan	Aetna	800-307-4830 (TTY/TDD: 711)	<a href="http://aetna.com">aetna.com</a>
<b>Kaiser Medical Plans</b>			
Kaiser HMO Plan Kaiser Senior Advantage Plan	Kaiser Permanente	404-239-6940 800-232-4404	<a href="http://my.kp.org/fulton">my.kp.org/fulton</a>
<b>Other Benefits</b>			
Aetna Dental PPO Plan Aetna Dental HMO Plan	Aetna	877-238-6200	<a href="http://aetna.com">aetna.com</a>
EyeMed Vision PPO Plan	EyeMed	866-723-0513	<a href="http://eyemedvisioncare.com">eyemedvisioncare.com</a>
Life Insurance	MetLife	800-638-5000	<a href="http://metlife.com">metlife.com</a>
Employee Assistance Program	Anthem	800-999-7222	<a href="http://anthemeap.com">anthemeap.com</a> (password: Fulton)

