

Fulton County 2023 New Hire Enrollment



What We'll Cover today

- Discussion of effective date of coverage
- Who can be covered under your group benefits (eligible dependents)
- Discussion of plan offerings
- Q & A

Need to Know:

- Coverage is effective the first day of the month in which the employee receives 2 paychecks and deductions are removed.
- Life insurance is effective on the first day of the month *following* the effective date of medical, dental, and vision coverage.
- Medical coverage is mandatory unless you can provide proof of other major medical coverage.
- Who can be covered by my FultonCounty group insurance benefits:
 - Legal spouse – must provide copy of marriage certificate
 - Children, step-children up to age-26 – must provide copy of birth certificate
 - Children for whom there is court ordered medical support – must provide court documents/orders
 - Children for who you are the legal guardian or custodian- must provide court documents/orders
 - Children age 26 or older who have a permanent mental or physical disability – must provide physician verification of permanent disability

Medical Plans

There are 2 medical plans available to newly hired employees:

- Anthem HDHP w/HSA
- Kaiser Permanente HMO

How the Anthem HDHP w/HSA Works

The Anthem plan is a high deductible health plan (HDHP). It has no copays for services. **All services are subject to a deductible, which must be met before Anthem will pay any claims.** The Health Savings Account (HSA) is included to assist with offsetting your out-of-pocket expense for eligible medical services which go towards meeting your deductible, as well as assisting with your coinsurance cost once it has been met. Fulton County contributes 50% of the annual deductible expense to the HSA.

- The money in your HSA can be used to pay for health care costs such as doctor visits and prescription drugs.
 - A debit card will be issued by mail for the HSA. ***Employees must ACTIVATE their HSA account once the card is received.***
- HSA money is not front loaded. The available balance at any time reflects what you contribute bi-weekly on a voluntary basis, plus the county's quarterly contribution minus any expenses you incur. Once the funds in your HSA money run out, you will have to pay costs out of pocket until either additional contributions are made bi-weekly by you or quarterly by Fulton County.
- 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 belongs to you and is not forfeited.

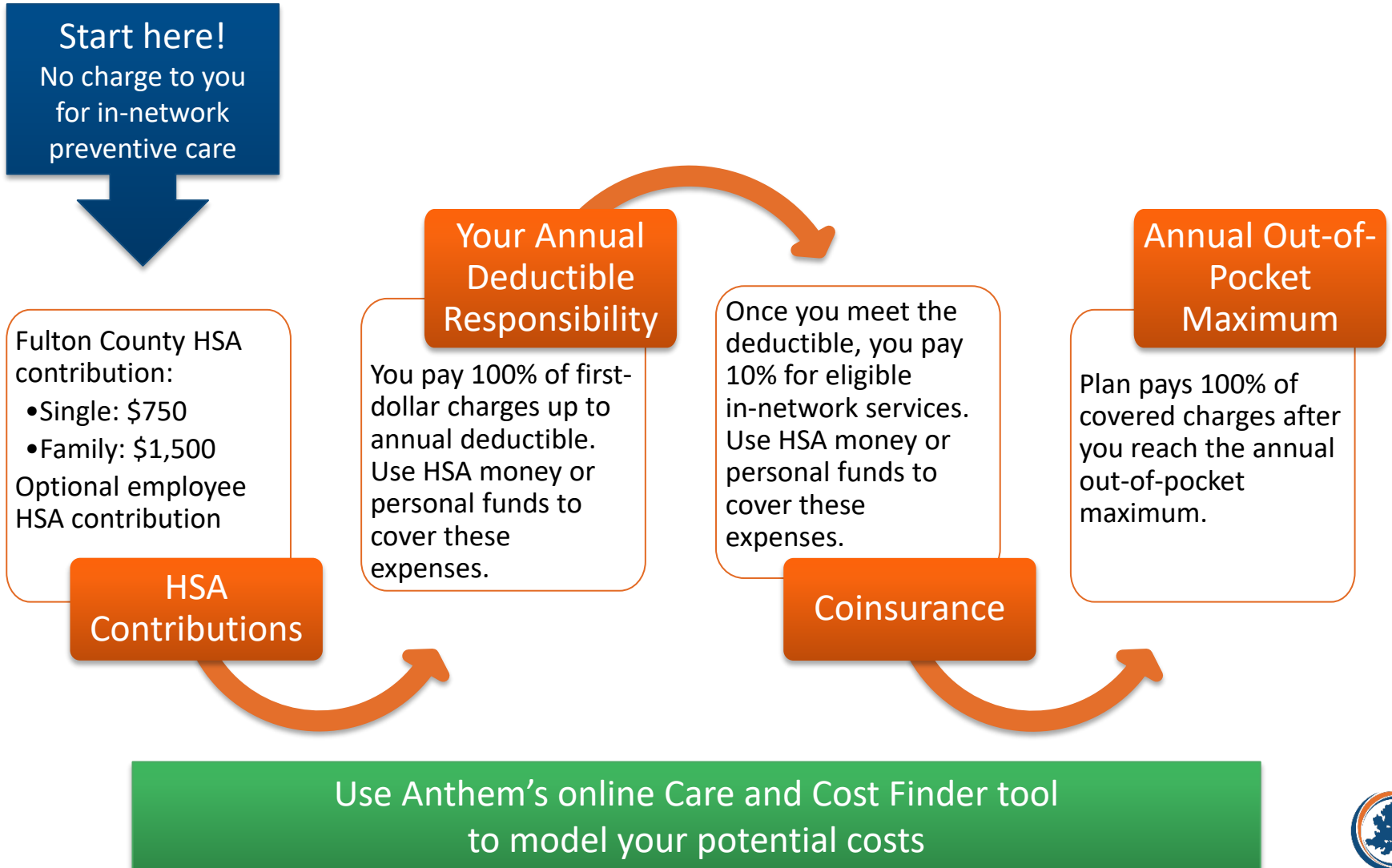
Anthem HDHP w/HSA

		Anthem HSA	
		In-Network	Out-of-Network
County-Provided HSA Contribution		Single: \$750 EE +1 / Family: \$1,500	
Annual Deductible	Single	\$1,500	\$3,000
	EE + 1	\$3,000	\$6,000
	Family	\$3,000	\$6,000
Out-of-Pocket Maximum	Single	\$3,000	\$6,000
	EE + 1	\$6,000	\$12,000
	Family	\$6,000	\$12,000

You can make contributions in addition to Fulton County's contribution to your HSA up to a maximum of \$3,100 (Single) or \$6,250 (Family). You can contribute an additional \$1,000 if you will be age 55 or older in 2023. You are NOT required to contribute to the HSA.

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.**

How the Anthem HDHP w/HSA Plan Works



How to Locate an Anthem Network Doctor

- Go to **anthem.com/find-doctor**
- **To search as a guest:** Select **Guests**
 - Select the best answers from each drop-down menu
 - Select the plan/network Blue HSA Open Access POS and click **Continue**
 - Select the best answers for the next set of fields and click **Search**

The screenshot shows the top of the Anthem website. The header includes the Anthem logo, a search bar with the text 'Search Anthem.com', and navigation links for 'Individual & Family', 'Medicare', 'Medicaid', 'Employers', 'Producers', and 'Providers'. A 'Log In' button is visible in the top right. Below the header is a large blue banner with the text 'Find a Doctor / Find Care'. Underneath the banner is a section titled 'Where do you have or need coverage?' with a 'Select a State' button. At the bottom of this section are two options: 'Members' (Find doctors, hospitals and more in your plan.) and 'Guests' (Not a member? Browse our network directories.)

The screenshot shows a search form on the Anthem website. At the top, it says 'Answer a few questions and then select a plan/network to search.' Below this is a blue information icon and a note: 'Providers for Behavioral Health & Substance Use Disorder Services are listed under Medical Care.' The form contains four dropdown menus: 'What type of care are you searching for?' (Medical), 'What state do you want to search in?' (Georgia), 'What type of plan do you want to search with?' (Medical (Employer-Sponsored)), and 'Select a plan/network' (Blue HSA Blue Open Access POS). A blue 'Continue' button is located at the bottom left of the form.

Telehealth

When you're not feeling well, Sydney Health can help

Check your symptoms and connect with a doctor through the app



The Sydney Health mobile app is a quick and convenient way to assess your symptoms when you're sick and connect with a doctor, wherever you are.



Assess your symptoms

Start with the Symptom Checker and answer a few questions about how you are feeling. You'll receive information and advice tailored to your gender, age, and medical history. The Symptom Checker was built with doctors and medical professionals. It intuitively uses the information you provide to narrow down millions of medical data points and assess your specific symptoms before you even see a doctor.



Connect with a doctor

The app can connect you to a board-certified doctor through a Virtual Text Visit or Video Visit right from your phone or tablet.

Virtual Text Visits offer the convenience and privacy of texting with a qualified doctor anytime, anywhere. Through a Virtual Video Visit, the doctor will be able to see what you're experiencing and diagnose your symptoms. They can talk about your treatment options and order prescriptions and labs, as needed. They can also let you know whether you need an in-person visit as a next step.



Save money

The Sydney Health Symptom Checker is free. Virtual Text Visits cost less than most copays, at \$19 or less per visit depending on your plan. Virtual Video Visits through LiveHealth Online are \$59 or less, depending on your plan.



Download the free Sydney Health mobile app today. You'll be able to check your symptoms when you're sick and connect to care directly from your mobile device.



Sydney Health is offered through an arrangement with EmblemHealth, Inc. Sydney and Sydney Health are trademarks of EmblemHealth, Inc.
LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.
Anthem Blue Cross and Blue Shield is the trade name of: In Colorado Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by ANM Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to www.anthem.com/livehealthonline. In Connecticut, Anthem HealthShare, Inc. In Georgia, Blue Cross Blue Shield-HealthCare Plan of Georgia, Inc. In Indiana, Anthem Insurance Companies, Inc. In Kentucky, Anthem Health Plan of Kentucky, Inc. In Maine, Anthem-Health Plan of Maine, Inc. In Missouri (excluding 50 counties in the Kansas City area), HighChoice® Managed Care, Inc. (HMO), Healthy Alliance®, Life Insurance Company (HMO), and Anthem Missouri, Inc. (HMO) and certain affiliates administered via HMO contracts underwritten by ANM, LLC and ANM benefits underwritten by ANM Missouri, Inc. (HMO) and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada, Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by ANM Colorado, Inc. Also, HMO benefits in New Hampshire, Anthem HealthShare of New Hampshire, Inc. (HMO) plans an administrative services for self-funded plans and do not underwrite benefits. In North Carolina, Anthem Health Plan of North Carolina, Inc. and underwritten by Northshore. Anthem Health Plan, Inc. In Ohio, Community Insurance Company, Inc. In Virginia, Anthem-Health Plan of Virginia, Inc. Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the State of Virginia, and the area east of State Route 123. In Wisconsin, Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the set of network benefits in PPO policies offered by Community Health Services Insurance Companies or BlueCross. Community Health Insurance Company (CHIC). Company underwritten in administrative, HMO or PPO policies. HMO, underwritten or administers 90/10 Priority HMO or PPO policies; independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.
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New Hire Presentation
for
Fulton County

Find your healthy place

With care designed
to help you thrive





Kaiser Permanente HMO



- All covered service must be provided at a Kaiser Permanente facility or with an affiliated provider.
- Kaiser Permanente is a staff model HMO.
- Kaiser Permanente owns and operates most of its Medical Offices.
 - Employs network doctors
 - 26 Medical Campuses in Atlanta and Athens Service Area
- Typically out-of-pocket costs are lower. (moderate copays for most services)
- Proud partnership with Emory St. Joseph's and Emory Midtown Hospitals for in-patient care.

A unique care experience



Fulton County

This table is a snapshot of your benefits:

Yearly deductible	None
Maximum yearly out-of-pocket costs	\$6,450 individual/\$12,900 family
Covered service	You pay
Preventive care	100% covered, no copay
Doctor's office visit	\$25 primary / \$40 specialty
Lab tests and radiology	100% covered, no copay
Outpatient surgery	\$150 copay
Hospitalization	\$250 copay, per admission
Emergency care	\$150 copay, waived if admitted
Prescription Drug Coverage	30-Day Supply (Mail Order is 90-day supply for 2x 30-day supply copay)
Generic medications	\$10 copay (KP Pharmacy)/ \$20 copay (Network Pharmacy)
Preferred Brand medications	\$30 copay (KP Pharmacy)/ \$40 copay (Network Pharmacy)
Non-Preferred Brand Medications	\$50 copay (KP Pharmacy)/ \$60 copay (Network Pharmacy)
Specialty	\$75 copay (KP Pharmacy)/ \$85 copay (Network Pharmacy)



Convenient ways to get care

You have flexible options to get care beyond the doctor's office — and you can manage your care anytime with the Kaiser Permanente app or at kp.org.

Getting care

- Talk with a Kaiser Permanente clinician by video or phone for the same high-quality care as an in-person visit.¹
- Get 24/7 medical advice by phone or online.
- Email your doctor's office with nonurgent questions.²

Managing care²

- Schedule or cancel routine appointments.
- Order most prescription refills.
- Check your medical records and pay bills.



More than 80% of care visits during the COVID-19 outbreak have been phone appointments or video visits.

1. When appropriate and available. 2. Available when you get care from Kaiser Permanente facilities.



A better experience from the start

We guide you through each step of joining Kaiser Permanente, so you can start getting the care you need from day one.

Personalized onboarding

A welcome call and member book to get you started

3 easy steps to a healthy change

Choose your new doctor

Transition your care and prescriptions seamlessly

Get care on your schedule



Learn more at kp.org/newmember, or by calling New Member Onboarding at 404-760-3540.

Comparing Medical Plans

Plan Features	Anthem HDHP w/HSA Plan	Kaiser HMO Plan
Employee contributions	Highest	Lowest
Fulton County contribution toward Health Savings Account (HSA)	Yes	No
Out-of-network coverage	Yes	No
Deductible	Yes	No
Share costs through copays	No	Yes
Share costs through coinsurance	Yes	No
Option to use Grady Health System providers	Yes; covered 100% after deductible is met	No; except for emergencies
Can contribute to Fulton County Health Care Flexible Spending Account (FSA)	Can contribute only to a Limited Purpose Health Care FSA	Yes

2023 Medical Premiums

	Biweekly County Cost	Biweekly Employee Cost	Cost Share Percentage	
			County	Employee
Anthem HDHP w/HSA Plan				
Employee	\$283.50	\$70.87	80%	20%
Employee + 1	\$541.91	\$135.48	80%	20%
Family	\$706.48	\$176.62	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%

Dental Plans

There are 2 dental plans available:

- Aetna DHMO
- Aetna DPPO

Aetna Dental

AETNA DENTAL HMO (DHMO/DMO) PLAN

- Requires you to see in-network dentists; no out-of-network benefits paid except for emergencies
- You must select a primary dentist before being seen.
- If you live in one of the following states you are **NOT ELIGIBLE** to enroll in the DHMO/DMO plan: Alaska, **Alabama**, Louisiana, Maine, Mississippi, Montana, North Dakota, New Hampshire, Puerto Rico, **South Carolina**, South Dakota, Vermont or Wyoming.

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 – Dental HMO vs. 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 Generally made up of group practices with multiple providers in single location and multiple locations	Larger Generally individual private offices with 1 or 2 providers and a single location
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 -cleanings, x-rays	100% covered	100%* covered
Basic Services -simple fillings, root canals	100% covered	85%* covered
Major Services -dentures, anesthesia	60% covered	50%* covered
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.

How to Locate an Aetna Network Dental Provider

- Go to <https://www.aetna.com/individuals-families/find-a-doctor.html>.
- **To search as a guest:** Select **Guests**
 - Select Plan from an employer
 - Enter your location
 - Select a Plan (DMO/DNO or Dental PPO/PDN)
 - Find what you need by Category Dentists



Guests

Choose the type of plan you're interested in to search for health care providers that accept it.

[Plan from an employer](#) > [Aetna Medicare plan](#) >

[Individual health plan](#) > [Aetna Medicaid plan](#) >

[Individual dental plan](#) >

Select a Plan



Enter plan name to narrow list below, e.g. Managed Choice

Show all plans (including those not in my area)

DMO/DNO/Managed Dental

DMO® /DNO

DMO® /DNO - Select

Aetna Advantage™ Dental

Basic Dental/Discount Dental/Family Preventive Dental

Dental PPO/PDN

Dental PPO/PDN

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

There is 1 vision plan:

- Eyemed Visioncare PPO

EyeMed Vision PPO Plan

- 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/365 days	
Lenses	Once every 12 months/365 days	
Frames	Once every 12 months/365 days	
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

Basic and Supplemental Term Life, Accidental Death & Dismemberment, Dependent Life, and Long Term Disability Insurance is provided by MetLife.

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

Coverage can be increased to a maximum of \$300,000. Evidence of insurability is not required at initial enrollment. It *is* required when enrolling 31 or more days after becoming eligible for coverage or after a qualifying event.

Dependent Spouse and Child Life Insurance

You can cover your dependents at a flat amount of \$10,000 each; children are covered until age 26. Evidence of insurability *IS* required for spousal coverage. It is *NOT* required for dependent child(ren).

Accidental Death and Dismemberment (AD&D) Insurance

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

Long Term Disability Insurance

Fulton County provides 60% of your basic monthly earnings in Long Term Disability Insurance coverage, to a monthly maximum of \$5,000. LTD coverage is offered at no cost to employees.

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



Employee Assistance Program

When you feel overwhelmed and need additional support, your **Employee Assistance Program (EAP)** is here for you.



Find **support** for various personal and work-related issues



Consult with **legal, financial and crisis** counselors



Reach us by **phone and online**
800-999-7222

www.AnthemEAP.com
Password: fulton

All employees are eligible for services from the EAP, whether enrolling in benefits or not.

New Hire Active Employee Enrollment Form

INFORMATION ABOUT YOU

Name (first name, last name):				
Address:	City:	State:	Zip Code:	
Birthdate:	Social Security #:		Department name:	
Marital status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced

YOUR HEALTH PLAN OPTIONS

Medical plan coverage tier (select one):	<input type="checkbox"/> Employee only	<input type="checkbox"/> Employee + 1	<input type="checkbox"/> Family	<input type="checkbox"/> Waive coverage
Medical plan options: SELECT ONE MEDICAL	<input type="checkbox"/> Anthem HSA Plan		<input type="checkbox"/> Kaiser HMO Plan	
Dental plan coverage tier (select one):	<input type="checkbox"/> Employee only	<input type="checkbox"/> Employee + 1	<input type="checkbox"/> Family	<input type="checkbox"/> Waive coverage
Dental plan options: SELECT ONE DENTAL PLAN	<input type="checkbox"/> Aetna Dental PPO Plan		<input type="checkbox"/> Aetna Dental HMO Plan	
EyeMed Vision PPO Plan coverage tier (select one):	<input type="checkbox"/> Employee only	<input type="checkbox"/> Employee + 1	<input type="checkbox"/> Family	<input type="checkbox"/> Waive coverage

INDIVIDUALS TO BE COVERED

Name (last, first, M.I.):	Social Security #	Sex (M or F)	Birthdate (mm/dd/yyyy)	Disabled before age 19?
Self				<input type="checkbox"/> Yes
Spouse				<input type="checkbox"/> Yes
Child				<input type="checkbox"/> Yes
Child				<input type="checkbox"/> Yes
Child				<input type="checkbox"/> Yes

METLIFE SUPPLEMENTAL AND DEPENDENT LIFE INSURANCE**DEPENDENT LIFE** \$50,000 (mandatory enrollment) \$10,000 per dependent**SUPPLEMENTAL LIFE INSURANCE (UP TO \$300,000)** \$25,000 \$75,000 \$125,000 \$175,000 \$225,000 \$275,000 \$50,000 \$100,000 \$150,000 \$200,000 \$250,000 \$300,000

BENEFICIARY DESIGNATION: If you do not list benefit percentages, proceeds will be paid in equal shares to the named primary beneficiaries who survive you. If no primary beneficiary survives you, proceeds will be paid to the contingent beneficiaries. If you list benefit percentages, the total must equal 100%. (Employee is the beneficiary of proceeds from spouse or child coverage.)

Name (last, first, M.I.)	Social Security #	Relationship	Benefit Percentage (%)
Primary			
Primary			
Contingent			
Contingent			

IF YOU ARE DECLINING MEDICAL COVERAGE

I understand that I have been given an opportunity to apply for medical, dental and/or vision benefits as offered by my employer. After careful consideration, I have decided not to take advantage of this offer because I have equitable coverage for myself, or as a covered dependent of my spouse, through another plan. I agree to notify the County if my coverage is discontinued, so that my coverage through the County may begin the date that my current coverage ends.

Reason for refusal (check all that apply):

Spouse of County employee:
Spouse name: _____
Last 4 SSN #: _____


Other group coverage sponsored by spouse's employer
 Other group coverage sponsored by another organization
 Other: _____

For other coverage: Attach proof of other coverage and complete the below plan information.

Carrier: _____ Plan number: _____

Telephone number: _____

Employee ID #: _____ Date: _____

Employee Signature:  _____

Send your completed form to the Fulton County Employee Benefits Division:
employeebenefits@fultoncountygga.gov or 404-612-3675 (fax)

Voluntary Benefits



Active Employees



**FULTON
COUNTY**





2023 Voluntary Employee **BENEFITS**



RESPONSIBILITY | CHOICE | WELLNESS

Voluntary Plan Choices

2023 Voluntary Benefits

Flexible Spending Accounts	
Legal Plan Short Term Disability	
Accident Critical Illness Hospital Indemnity Whole Life	
Identity Theft Protection	

Save Money on Healthcare, Daycare, and Commuting

Financially prepare for current and future health needs

The amount you elect to set aside pre-tax for flexible spending will be divided over the number of paychecks you receive for the year.

- **Healthcare FSA** is used for certain qualified out-of-pocket expenses not covered by a health/dental/vision plan, such as: office visit copays, out-of-pocket dental costs, orthodontia, vision and hearing expenses, or prescriptions. \$3,050 per year max (\$5,000 per year married with separate account)
- **Dependent Care FSA** is used for expenses paid to care for qualified dependents that allow you to work, such as: daycare, nursery/preschool tuition, nannies, before and after school care, and day camps. It can also be used to pay for elder care. \$5000 per year maximum.*
- **Transit/Commuter FSA** is used for expenses related to transportation that allows you to work, such as: MARTA, GRTA, Xpress, and van pools. \$270 per month maximum that does allow for rollover. ***cannot be used in conjunction with MARTA/GRTA benefit**
- **Parking FSA** is used for expenses related to parking such as monthly parking lot fees. \$270 per month maximum that does allow for rollover.

*<https://myameriflex.com/resources/guides/fsa-the-ultimate-guide/>

Short Term Disability Insurance

protect your income if you can't work after an accident or illness

What is Short Term Disability insurance?

Short Term Disability (STD) insurance can help you replace a portion of your income during the initial weeks of a Disability.

Eligibility Requirements

Short Term Disability: All Active Full-time and Part-time employees working at least 20 hours per week are eligible to participate.

How is "Disability" defined under your Plan?

Generally, you are considered disabled and eligible for short term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of the treatment and you are unable to earn more than 80% of your predisability earnings at your own occupation.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance provided by your Employer or contact your MetLife benefits administrator with any questions.

The Short-Term Disability benefit replaces a portion of your predisability earnings, less the income that was actually paid to you during the same Disability from other sources¹ (e.g., state disability benefits, no-fault auto laws, any income received from the Employer for the period You are Disabled, etc.).

The Core Benefit amount is 60% of your predisability weekly earnings; subject to the plan's maximum weekly benefit of \$2,000.

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. The elimination periods are as follows:

Option 1:

For Injury: 7 days.

For Sickness (includes pregnancy): 7 days.

Option 2:

For Injury: 29 days.

For Sickness (includes pregnancy): 29 days.

Even if you currently have coverage, you must actively enroll in the new plan.

Cover the costs on a wide range of common legal issues with a legal plan

Estate planning, home sales, tax audits, and more!

Why a Legal Plan matters

Legal matters occur throughout life, when you're getting married, buying a home, caring for aging parents or dealing with identity theft or a tax audit. Having access to a network of attorneys through a legal plan empowers you to handle these costly issues as they arise.

When you need legal help, we've made it easy for you. Our network attorneys are available in person, by phone or by email. We also offer access to online tools to complete your estate planning documents or download self-help legal forms. And, you will always have a choice in what attorney to use. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.¹



Legal help made easy.

- 1 Easy to find an attorney
- 2 Easy to make an appointment
- 3 Easy from start to finish



70%

of Americans do not have a will, the most basic estate planning document you need to protect your assets and your family.⁸

Group Critical Illness

Surviving a critical illness is tough, IT'S TOUGHER WHEN THE BILLS START TO ADD UP

An Aflac group critical illness insurance plan helps employees and their covered dependents recuperate without worry over financial setbacks that can cause stress and slow recovery time.

- The plan's lump sum cash benefits can be used to help cover medical expenses (that major medical isn't intended to cover), routine living expenses, as well as the hidden costs of illness—travel, lodging, and miscellaneous out-of-pocket expenses. Aflac group critical illness coverage can help alleviate financial stressors that can take away from a healthy recovery.

Plan Bonuses:

- Zero months separation between ANY additional occurrence
- No benefit maximums
- No additional cost for child coverage
- Includes a \$50 wellness benefit per person when you complete certain preventive care tests and physical exams.

Group Hospital Indemnity

Powerful Protection, BECAUSE MEDICAL AND OTHER BILLS WON'T BE PATIENT

- A sudden hospitalization might stop employees in their tracks, but bills - mortgages, utilities, groceries and out-of-pocket costs, will keep on coming. Aflac's Group Hospital Indemnity helps employees handle the extra costs of a covered hospital stay.
- Our hospital indemnity coverage will complement any major medical coverage, from routine care to catastrophic illnesses and accidents.
 - ❖ Admission pays once per accident/illness, previously limited to one per year and Hospital Confinement pays on Day 1, in addition to the Admission Benefit
 - ❖ Includes a \$50 wellness benefit per person when you complete certain preventive care tests and physical exams.

Group Accident Insurance

Accidents happen to all kinds of people every day

IT'S INSURANCE FOR DAILY LIVING

Pays cash benefits when unexpected medical and everyday expenses begin to add up after a covered accident.

Highlights include:

- More than 50 events that trigger benefits payments, including fractures, dislocations, medical fees, hospital admission, ambulance transportation, and physical therapy, among others.
- Accidental-death and -dismemberment coverage.
- Guaranteed-issue coverage with no underwriting required to qualify for coverage.
- Portable coverage that allows employees to retain coverage at the same rate if their employment status changes (*with certain stipulations*).
- Includes a \$50 wellness benefit per person when you complete certain preventive care tests and physical exams.



Group Whole Life Insurance

Affordable security that builds cash value

Nearly 40 percent of Americans say they wish their spouse or partner had more life insurance.

People know they should have it, but it's a difficult conversation for employees to have with their loved ones. Most people who don't have life insurance would like to have it, and of those who do have it, most say they would like to have more coverage.

Aflac's life insurance is a smart investment for your employees to protect their family's financial freedom. The Aflac Group Whole Life plan is permanent life insurance with living benefits to help provide your employees and their families with a financial cushion when dealing with the loss of a loved one.

- Up to \$300,000 of Whole Life coverage
- Waiver of premium
- Accidental death benefit
- Accelerated benefit



Guaranteed-issue coverage is offered during the initial enrollment and for new hires thereafter.

Guaranteed-issue amounts:

\$150,000 employee and \$25,000 spouse with no employee participation requirement.

\$10,000 Child Term Rider is offered on a guaranteed issue basis.

lifestyle solutions for health & wellbeing

For all participating employees



More than just peace of mind.

Health Advocacy from Health Advocate

You have 24/7 access to Personal Health Advocates who start helping from the first call:

- Find doctors, dentists, specialists, hospitals and other providers
- Schedule appointments, treatments and tests
- Resolve benefits issues and coordinate benefits
- Assist with eldercare issues, Medicare and more
- Help transfer medical records, lab results and X-rays
- Work with insurance companies to obtain approvals and clarify coverage



More than just cash benefits.

Medical Bill Saver™ from Health Advocate

Aflac already pays claims quickly. Now, with Medical Bill Saver™, Health Advocate professionals also help you negotiate medical bills not covered by health insurance:

- Just send in your medical and dental bills of \$400 or more
- They contact the provider to negotiate a discount
- Negotiations can lead to a reduction in out-of-pocket costs
- Once an agreement is made, the provider approves payment terms and conditions
- You get an easy-to-read personal Savings Result Statement, summarizing the outcome and payment terms



More than just care. Telemedicine from MeMD

You can quickly connect with board-certified, U.S. licensed health providers online for 24/7/365 access to medical care — fast:

- Create your account at www.MeMD.me/Aflac
- When you have a health issue, log on and request a provider consultation
- You can request consultations via webcam, app or phone
- Get ePrescriptions,* referrals and more
- Use it for a range of health issues, from allergies and colds to medication refills
- \$25.00 per visit!

DID YOU KNOW?

You can also use Health Advocate's Health Advocacy and Medical Bill Saver™ services for your spouse, dependent children, parents and parents-in-law, while Telemedicine is available for you and your family.

Get more without spending more.

Identity Protection



Identity Theft and Privacy Protection - Legalshield

Protect your identity and privacy while giving yourself peace of mind.



360° Degree Protection

IDShield monitors your identity, credit, financial accounts, social media accounts, and provides device and online privacy reputation management services.



Real-Time Alerts

If a threat is detected to your identity or credit you will receive an alert. You can view your alerts on the IDShield mobile app, member portal and receive them by email.



Full-Service Restoration and Unlimited Consultation

If your identity is stolen IDShield provides you direct access to a dedicated Licensed Private Investigator, who will restore your identity to its pre-theft status, guaranteed. You can also talk to an identity theft specialist about any identity theft or online privacy concern. In the event of an emergency, IDShield provides 24/7 emergency assistance.



Financial Protection

Financial account monitoring and a \$1 Million Identity Fraud Protection Plan for unauthorized electronic fund transfers and identity theft related expenses.



Mobile App

The IDShield mobile app makes it easy for you to protect your identity and privacy and track your credit score with IDShield's monthly credit score tracker.



When I spoke with my investigator, she was very caring and understanding about my situation and helped me tremendously. I feel like a huge weight has been lifted off my shoulders."



K.C. - IDShield Member

Knowing about a problem and fixing it is entirely different.

Provides coverage for today's identity and privacy protection needs at an affordable rate.

Two options to choose from, Employee only or Family



How To Enroll in Voluntary Benefits



Wayne Brown

r18_brown@us.Aflac.com

Aflac is the enroller for ALL voluntary benefit options, regardless of carrier. Please contact him for questions, rates, and to enroll. You have 30 days from your date of hire as a full-time, permanent employee to enroll.

Wrapping It All Up

Core Benefits (medical, dental, vision, term life)

All employees are required to participate in medical insurance UNLESS they can provide proof of other medical insurance coverage. Enrollment in dental and vision insurance is not required. **If you waive any coverage, mark it on the enrollment form and include proof of other coverage (HEALTH ONLY) with your submission to Employee Benefits. Proof of other dental or vision insurance is not necessary.**

If you are enrolling a spouse or children for insurance coverage, you must provide a marriage certificate for the spouse, and birth certificates for the children. **Coverage will not begin until those documents are submitted and may be denied until the next open enrollment period if not received in a timely manner.**

The deadline to submit your paperwork is the Friday before your first paycheck at noon. **Employee Benefits should receive the benefit enrollment form, supporting documents for dependents or waived coverage, 401a retirement plan enrollment packet, and the affidavit of eligibility.** Paperwork should be submitted via email to EmployeeBenefits@fultoncountyga.gov.

Wrapping It All Up

Voluntary Benefits

(flexible spending, short term disability, legal, critical illness, hospital indemnity, whole life, accident, identity theft)

All enrollment is handled by Aflac for all voluntary benefit plans. Aflac is the only authorized enroller. Enrollment in voluntary benefits is not required. Employees have 30 days from their date of hire to complete enrollment in voluntary benefit plans and start dates are governed by the county's pay schedule. **If you waive coverage, your next opportunity to enroll is the next open enrollment period.**

Dependents (spouse and children) are eligible for all plans, except short term disability insurance.

There is no paperwork or enrollment form associated with voluntary benefit plan enrollment. All enrollment is completed by Aflac for new hires. The contact for enrollment is Wayne Brown. He can be reached at r18_brown@us.Aflac.com.

What's Next?

ID cards for medical, dental, vision, and HSA will be mailed to the home address you provide on the enrollment form. The insurance companies do not receive your information until after payroll has been run for your first paycheck, so you should not expect to receive cards for 7-10 days after that date. *Please reach out to Employee Benefits if you have an **URGENT** health concern before you receive your cards.

The medical, dental, and vision companies make your ID card(s) available on their apps and websites. Please take advantage of each by registering so that your card and basic plan information is always accessible.

Ameriflex flexible spending is the only voluntary benefit which includes an ID card. It follows the same mailing timeline as the cards for core benefits.

For basic plan information about any voluntary benefits you elect, please go to AflacatWork.com/fulton and follow the registration steps outlined.

An underwater scene with many fish swimming in blue water. In the foreground, the silhouettes of several people are visible, looking towards the camera. The background is a large, dark blue area with a semi-transparent white box containing text.

Questions?

Contact the Employee Benefits Team:
Email: employeebenefits@fultoncountyga.gov
Phone: (404) 612-7605, option #2
Fax: (404) 612-3675