

YOUR FULTON COUNTY BENEFITS

Responsibility | Choice | Wellness



PLAN OPTIONS REMAIN THE SAME AS 2016

Medical Dental & Vision Plans

YOUR PLAN OPTIONS REMAIN THE SAME AS 2016

- 3 Medical Plans Offered
 1. ***(CDHP) with Health Savings Account (HSA) administered by BCBS:***
HSA funded by Fulton County; employee contributions optional
 2. ***Point of Service (POS) Plan administered by BCBS***
 3. ***HMO through Kaiser***
- 2 Dental Plans by Aetna
 1. ***Dental DHMO***
 2. ***Dental PPO***
- Vision PPO Plan by Eye Med

Wellness Program

- Incentive (save \$20/month on contribution) by complying with the requirements for your current health plan provider. More details included in presentation
- **Avoid \$50/month surcharge for tobacco use**
Complete a tobacco attestation online at enrollment to avoid the \$50/month surcharge. If you are a tobacco user, enroll in a tobacco-cessation program by February 28, 2017

Active Enrollment for 2016

- **Must enroll if you want medical, dental, vision coverage January 1, 2017**
- **Annual Enrollment:** September 26- October 14
- **Enroll online** through County's Employee Self Service (ESS) system (no phone enrollment)
- **Default if do not enroll:** Kaiser HMO for employees and currently enrolled family members with no coverage for dental/vision

2017 Medical Bi-Weekly Premium Contributions

Active Employees

WITH/WITHOUT \$20 MONTHLY WELLNESS PREMIUM CREDIT
\$50 Additional Monthly Surcharge for Self-Reported Tobacco Users

2017	Bi-Weekly County Cost		Bi-Weekly Employee Cost		Cost Share Percentage	
	No Wellness Credit	With Wellness Credit	No Wellness Credit	With Wellness Credit	County	Employee
BCBS HSA						
Employee	\$ 213.02	\$ 223.02	\$ 53.26	\$ 43.26	80%	20%
Employee + 1	\$ 407.19	\$ 417.19	\$ 101.80	\$ 91.80	80%	20%
Family	\$ 530.85	\$ 540.85	\$ 132.71	\$ 122.71	80%	20%
Kaiser HMO						
Employee	\$ 205.53	\$ 215.53	\$ 51.38	\$ 41.38	80%	20%
Employee + 1	\$ 392.89	\$ 402.89	\$ 98.23	\$ 88.23	80%	20%
Family	\$ 512.20	\$ 522.20	\$ 128.05	\$ 118.05	80%	20%
BCBS POS						
Employee	\$ 241.38	\$ 251.38	\$ 80.46	\$ 70.46	75%	25%
Employee + 1	\$ 445.51	\$ 455.51	\$ 148.51	\$ 138.51	75%	25%
Family	\$ 604.51	\$ 614.51	\$ 201.51	\$ 191.51	75%	25%

Bi-weekly credit and surcharge equivalents: \$10 bi-weekly Wellness credit and \$25 bi-weekly tobacco surcharge

2017 Dental and Vision Bi-Weekly Premium Contributions

Active Employees

BI-WEEKLY DENTAL RATES—DHMO AND DPPO

2017	Bi-weekly County Cost	Bi-Weekly Employee Cost	County Cost Share	Employee Cost Share
Active Dental PPO				
Employee	\$12.33	\$4.11	75%	25%
Employee + 1	\$25.21	\$8.40	75%	25%
Family	\$33.03	\$11.01	75%	25%
Active Dental HMO				
Employee	\$6.22	\$2.07	75%	25%
Employee + 1	\$12.12	\$4.04	75%	25%
Family	\$19.89	\$6.63	75%	25%

BI-WEEKLY VISION PPO RATES

2017	Bi-Weekly County Cost	Bi-Weekly Employee Cost	County Cost Share	Employee Cost Share
Employee	\$ 4.70	\$ 3.41	58%	42%
Employee + 1	\$ 4.70	\$ 3.41	58%	42%
Family	\$ 4.70	\$ 3.41	58%	42%

Bi-Weekly Medical Premium Comparison, 2017 vs 2016

Active Employees

Fulton County 2017 Medical & Rx Rates

	PY 2016 - Monthly Rates					PY 2017 - Monthly Rates					Monthly Rate Change, 2017 vs. 2016				
	Total Premium	County Cost		Employee Contribution		Total Premium	County Cost		Employee Contribution		Total Premium	County Cost		Employee Contribution	
		w/o Wellness	w/ Wellness	w/o Wellness	w/ Wellness		w/o Wellness	w/ Wellness	w/o Wellness	w/ Wellness		w/o Wellness	w/ Wellness	w/o Wellness	w/ Wellness
ACTIVE EMPLOYEES															
BCBS HSA															
Employee	\$ 543.10	\$ 434.48	\$ 454.48	\$ 108.62	\$ 88.62	\$ 532.53	\$ 426.03	\$ 446.03	\$ 106.51	\$ 86.51	(\$10.56)	(\$8.45)	(\$8.45)	(\$2.11)	(\$2.11)
Employee + 1	\$ 1,038.16	\$ 830.53	\$ 850.53	\$ 207.63	\$ 187.63	\$ 1,017.97	\$ 814.38	\$ 834.38	\$ 203.59	\$ 183.59	(\$20.19)	(\$16.15)	(\$16.15)	(\$4.04)	(\$4.04)
Family	\$ 1,353.44	\$ 1,082.75	\$ 1,102.75	\$ 270.69	\$ 250.69	\$ 1,327.11	\$ 1,061.69	\$ 1,081.69	\$ 265.42	\$ 245.42	(\$26.33)	(\$21.06)	(\$21.06)	(\$5.27)	(\$5.27)
Kaiser HMO															
Employee	\$ 477.99	\$ 382.39	\$ 402.39	\$ 95.60	\$ 75.60	\$ 513.82	\$ 411.06	\$ 431.06	\$ 102.76	\$ 82.76	\$35.83	\$28.66	\$28.66	\$7.17	\$7.17
Employee + 1	\$ 913.71	\$ 730.96	\$ 750.96	\$ 182.74	\$ 162.74	\$ 982.23	\$ 785.78	\$ 805.78	\$ 196.45	\$ 176.45	\$68.52	\$54.82	\$54.82	\$13.70	\$13.70
Family	\$ 1,191.20	\$ 952.96	\$ 972.96	\$ 238.24	\$ 218.24	\$ 1,280.50	\$ 1,024.40	\$ 1,044.40	\$ 256.10	\$ 236.10	\$89.30	\$71.44	\$71.44	\$17.86	\$17.86
BCBS POS															
Employee	\$ 656.44	\$ 492.33	\$ 512.33	\$ 164.11	\$ 144.11	\$ 643.67	\$ 482.75	\$ 502.75	\$ 160.92	\$ 140.92	(\$12.77)	(\$9.58)	(\$9.58)	(\$3.19)	(\$3.19)
Employee + 1	\$ 1,211.59	\$ 908.69	\$ 928.69	\$ 302.90	\$ 282.90	\$ 1,188.02	\$ 891.02	\$ 911.02	\$ 297.01	\$ 277.01	(\$23.57)	(\$17.67)	(\$17.67)	(\$5.89)	(\$5.89)
Family	\$ 1,644.00	\$ 1,233.00	\$ 1,253.00	\$ 411.00	\$ 391.00	\$ 1,612.02	\$ 1,209.02	\$ 1,229.02	\$ 403.01	\$ 383.01	(\$31.98)	(\$23.98)	(\$23.98)	(\$7.99)	(\$7.99)

Health Savings Account (HSA) Eligibility

To be eligible and qualify for an HSA, you must meet the following requirements.

- You must be covered under an IRS HSA-qualified high deductible health plan (HDHP)
 - A higher annual deductible than typical health plans
 - 2017 minimum IRS in-network deductible limit: \$1,300 self-only and \$2,600 family
 - A maximum limit on the sum of the annual deductible and out-of-pocket medical expenses that you must pay for covered expenses - out-of-pocket expenses include copayments and other amounts, but do not include premiums
 - 2017 maximum IRS in-network out-of-pocket limit: \$6,550 self-only and \$13,100 family
- You must have no other non-HSA-qualified medical coverage (traditional HMO/PPO/POS/etc.) - including coverage as a dependent under a spouse's non-HSA-qualified and/or traditional health care FSA plan
- You are not enrolled in Medicare, are not covered under TRICARE, and have not received Veterans Assistance (VA) care within the most recent 3 months
- You may not be claimed as a dependent on someone else's tax return.

Benefits of a Health Savings Account

- Contributions to your account and withdrawals for eligible expenses are tax-free
- Once your account balance reaches a certain level (usually, \$1,500), you will have access to various investment options
- Your savings grow tax-free
- Any unused balance rolls over at year-end
- Your account is yours for life—if you leave Fulton County, you can continue to use it for eligible health care expenses
- After reaching at 65, you may use the HSA funds to cover any expense; however, disbursements for non-eligible expenses will be taxed as income (though no additional penalty will be assessed)

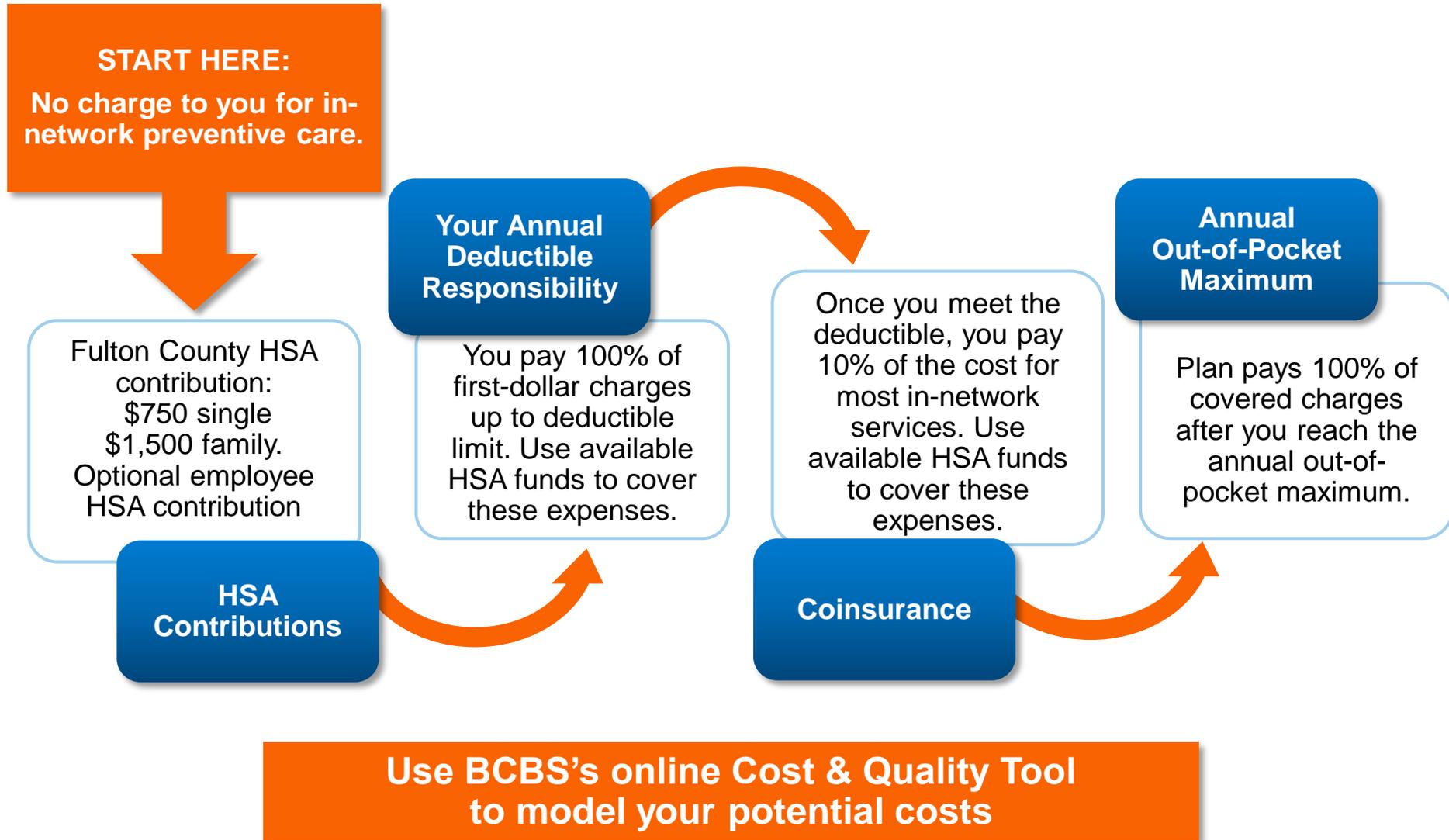
Benefits of a Health Savings Account

- 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:
 - \$2,600* single
 - \$5,250* family(Plus \$1,000 if you are age 55 or older)



* In 2017, the IRS limits for total annual HSA contributions will be \$3,350 for single coverage, and \$6,750 for family coverage.

How the HSA Plan Works



Set-up and Use – New Enrollees

Health Savings Account

- Your account will be opened automatically on January 1, 2017
- You will receive a welcome kit and debit card from Health Equity, the HSA account administrator
- Works like a bank account -- you must have money in your account in order to use it (County contributions are made quarterly); you may choose to make additional contributions to the Account through bi-weekly or monthly pre-tax deductions
- To pay your share of eligible expenses, you may:
 - Use your debit card, write a check from the Account, issue payment through electronic bill pay, or
 - Save the HSA funds and pay expenses from your wallet

Set-up and Use

Health Savings Account

- Health Equity provides a member portal for education, communication and account management, including decision support tools and investment options

- No proof of expenditures is required by Health Equity
 - Tax penalties for ineligible purchases, if audited by the IRS
 - If you use HSA funds to make an ineligible purchase (groceries, big-screen TV, etc.), the amount you spent will be taxed as income (including possible “late” penalties) and an additional 20% penalty may be assessed
 - Be sure to keep records of your expenditures to validate fund use in the event you are audited by the IRS

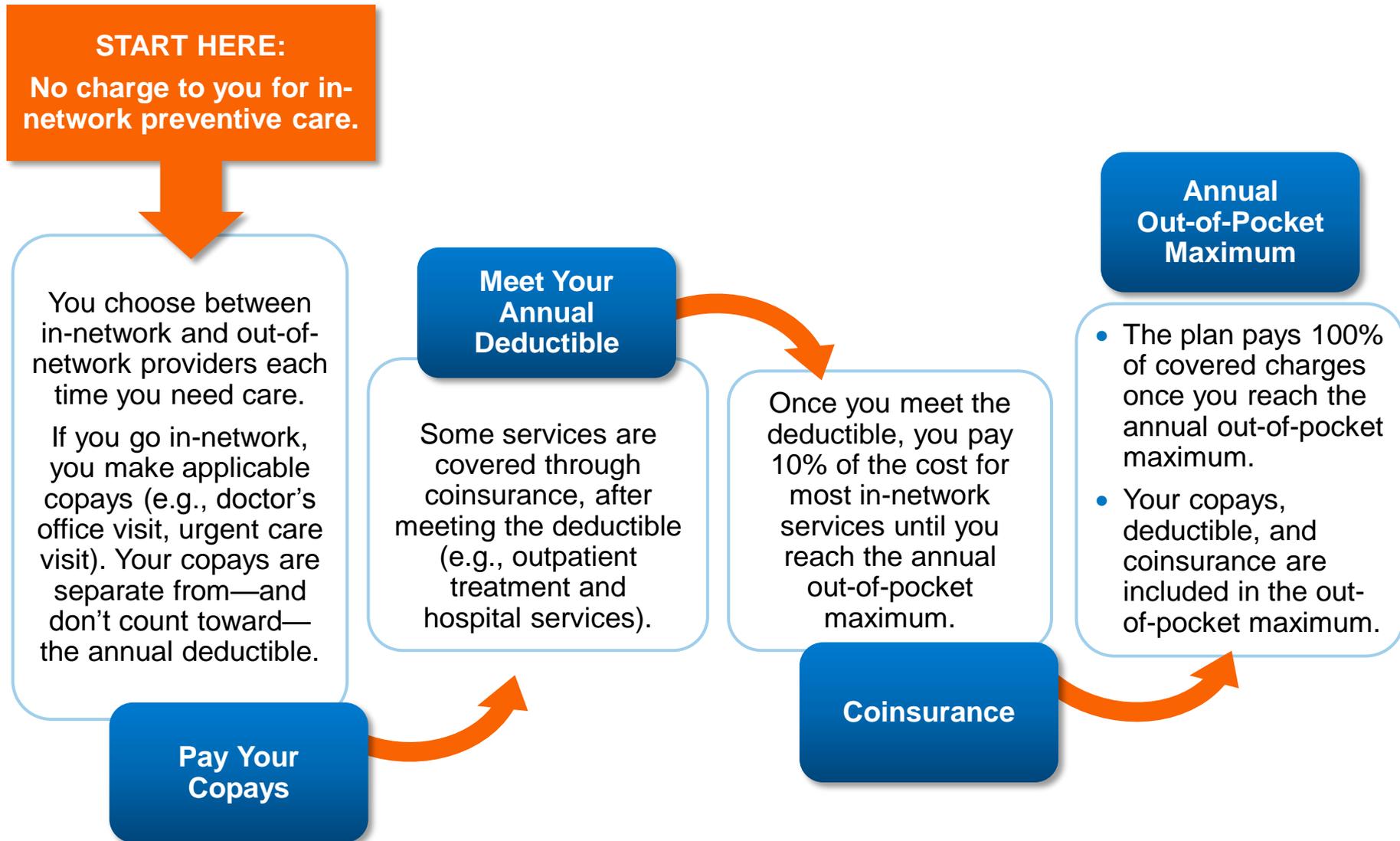
What is a Point-of-Service (POS) Plan?

A medical plan that combines the features of HMO and PPO Plans:

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



How the POS Plan Works



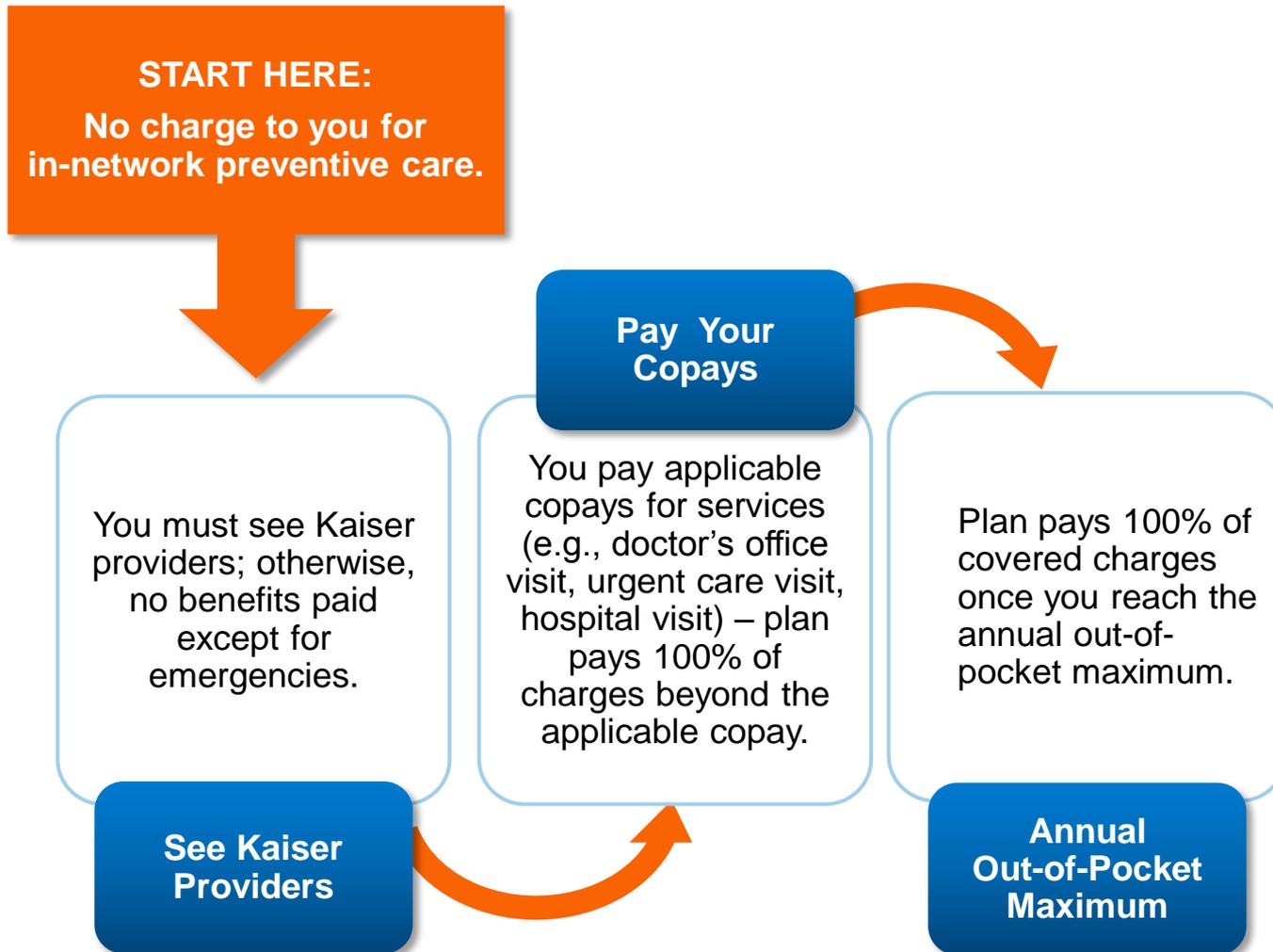
What Is a Health Maintenance Organization (HMO)?

A medical plan that:

- 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
- May require you to choose a primary care physician (PCP) to coordinate your care and refer you to specialists as needed



How the Kaiser HMO Works



Comparing the New Medical Plans

Plan Features	HSA Plan	POS Plan	Kaiser HMO
Employee monthly contributions	Mid-range	Highest	Lowest
Fulton County contribution toward health care account	Yes	No	No
In-network and out-of-network options	Yes	Yes	No
Deductible	Yes	Yes	No
Share costs through copays	No	Yes	Yes
Share costs through coinsurance	Yes	Yes	No
Option to use Grady Health System providers and pay no deductibles, copays, or coinsurance	Covered at 100% after deductible has been met	Yes	No
May contribute to Fulton County Health Care Flexible Spending Account (FSA)	May contribute only to a Limited Purpose FSA	Yes	Yes

Comparing the New Medical Plans

	HSA Plan*		POS Plan*		Kaiser HMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
HSA Contribution	\$750 Single \$1,500 EE +1 \$1,500 Family		Not available		Not available
Annual Deductible	\$1,500 Single \$3,000 EE +1 \$3,000 Family	\$3,000 Single \$6,000 EE +1 \$6,000 Family	\$250 Single \$375 EE + 1 \$500 Family	\$500 Single \$750 EE + 1 \$1,000 Family	No deductible
Out-of-Pocket Maximum	\$3,000 Single \$6,000 EE +1 \$6,000 Family	\$6,000 Single \$12,000 EE +1 \$12,000 Family	\$2,000 Single \$3,000 EE + 1 \$4,000 Family	\$4,000 Single \$6,000 EE + 1 \$8,000 Family	\$6,450 Single \$12,900 Family
Preventive Care	100%, no deductible	60% after deductible	100%, no deductible	60% after deductible	100%
Office Visit	90% after deductible	60% after deductible	\$25 PCP \$40 SPC	60% after deductible	\$25 PCP \$40 SPC

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

Comparing the New Medical Plans *continued*

	HSA Plan*		POS Plan*		Kaiser HMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
Emergency Room (waived if admitted)	90% after deductible	90% after deductible	\$150 copay/visit	\$150 copay/visit	\$150 copay/visit
Urgent Care	90% after deductible	60% after deductible	\$50 copay/visit	60% after deductible	\$50 copay/visit at designated facilities
Inpatient Hospital	90% after deductible	60% after deductible	90% after deductible	60% after deductible	\$250 copay/admission
Outpatient Hospital	90% after deductible	60% after deductible	90% after deductible	60% after deductible	\$150 copay/visit

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

Comparing Prescription Drug Coverage

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



Comparing Prescription Drug Coverage

	HSA Plan		POS Plan		Kaiser HMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
Retail (30-day supply)					
Generic	90% after deductible	60% after deductible	\$10 copay	60% after deductible	\$10 copay
Preferred Brand	90% after deductible	60% after deductible	\$30 copay	60% after deductible	\$30 copay
Non-Preferred Brand	90% after deductible	60% after deductible	\$50 copay	60% after deductible	\$50 copay
Specialty	90% after deductible	60% after deductible	\$75 copay	60% after deductible	\$75 copay
Mail Order (90-day supply)					
Generic	90% after deductible	N/A	\$20 copay	N/A	\$20 copay
Preferred Brand	90% after deductible	N/A	\$60 copay	N/A	\$60 copay
Non-Preferred Brand	90% after deductible	N/A	\$100 copay	N/A	\$100 copay
Specialty Brand	90% after deductible	N/A	\$150 copay	N/A	\$150 copay

Comparing the New Medical Plans

Claimant Scenario

	HSA Plan	POS Plan	Kaiser HMO
Preventive visit—annual physical	No charge—100% covered	No charge—100% covered	No charge—100% covered
Office visit—sinus infection	100% of charge, up to deductible limit	PCP office visit copay \$25	PCP office visit copay \$25
Pharmacy—2 prescriptions: (1 generic & 1 preferred brand)	100% of charge, up to deductible limit	\$10 + \$30 copays	\$10 + \$30 copays
Urgent care visit—X-rays (ankle injury)	100% of charge, up to deductible limit	\$50 copay	\$50 copay
Durable medical equipment—boot	100% of charge, up to deductible limit	100% of charge, up to deductible limit	No charge—100% covered
Pharmacy—1 prescription (generic)	100% of charge, up to deductible limit	\$10 copay	\$10 copay
Specialist visits—3 follow-up visits	100% of charge, up to deductible limit	\$40 copay x 3	\$40 copay x 3
Physical therapy—23 sessions	100% of charge, up to deductible limit, then 10%	100% of charge, up to deductible limit, then 10%	SPC copay \$40 x 23
ER visit—abdominal pain	Assume deductible satisfied; 10% of charges	\$150 copay (waived, if admitted)	\$150 copay (waived, if admitted)
Surgery—emergency appendectomy	10% of charges	Assume deductible satisfied; 10% of charges	No charge—100% covered
Hospital stay—1 night	10% of charges	10% of charges	\$250 copay
Pharmacy—2 prescriptions (generic)	10% of charges	\$10 copay x 2	\$10 copay x 2
Specialist visits—2 follow-up visits	10% of charges	\$40 copay x 2	\$40 copay x 2

Earn/Keep Your 2017 Wellness Credit:

You can reduce your 2017 premium by \$20 each month by completing the following steps by December 31, 2016.

- Make an appointment to see your doctor between NOW and November **OR** attend a biometric screening campaign if you are unable to see your provider.
- **You must complete all the requirements with the Medical Plan Provider (BCBS or Kaiser) that you are currently enrolled in by December 31, 2016.**
- Instructions for current BCBS and Kaiser HMO Participants for provided on the next two slides.

Earn/Keep Your 2017 Wellness Credit:

Blue Cross and Blue Shield Enrollees

- When BCBS members visit their providers, they will need to download the physician fax form and take it with them to the doctor. The doctor will complete that form and send it to BCBS. If the employee provides an email address, they will receive a confirmation email when their forms have been received.
- To obtain your Physician Form, visit <http://www.promotehealthyhabits.com/Form>, enter your information and click Submit. Your customer code is **Fulton**. Select “I would like to request a physician form” and then follow the steps on the next few screens. Be sure to provide an email address so you will get a confirmation of receipt.
- If you cannot access the physician form online, call 877-252-8410 to request a paper form. The form will arrive via mail within 10 business days of the request. The quickest way to obtain the form is by downloading it. If you request the form by phone, please do so early enough to receive it and have it processed before the December 31, 2016 deadline!
- Only if you are unable to get an appointment with your doctor by November, register through the Online Scheduler <http://www.promotehealthyhabits.com/signup/FultonCounty> beginning September 15, for a biometric screening at one of the locations below.
- Biometric screenings are on a first-come first-served basis and must be scheduled up to 12 days before the session you want to attend.

Earn/Keep the 2017 Wellness Credit:

Blue Cross and Blue Shield Enrollees

- Every county location could not be targeted; however, employees are encouraged to schedule the location nearest YOU. Below is a list of the sessions for **BCBS** enrollees:

SCREENING LOCATION	DATE	*TIME
Juvenile Justice Center 395 Pryor Street, Rm 2145 Atlanta, GA 30312	October 12, 2016	9:00 a.m. – 3:30 p.m.
Fulton County Jail 901 Rice Street NW Atlanta, GA 30318	October 13, 2016 November 1, 2016	6:00 a.m. – 7:00 p.m.
South Service Center 5600 Stonewall Tell Rd. College Park, GA 30349	October 18, 2016 November 10, 2016	10:00 a.m. – 3:00 p.m.
Fulton Industrial Blvd @ FIB 5440 Fulton Industrial Blvd. Atlanta GA 30336	October 19, 2016	10:00 a.m. – 2:00 p.m.
Fulton County Government Center 141 Pryor Street, Atrium Atlanta, GA 30303 (Screening will be in back Hall, before entering the Assembly Hall)	October 25, 2016 November 15, 2016	8:00 a.m. – 4:30 p.m.
North Service Center 7741 Roswell Rd. Sandy Spring, GA 30350	November 3, 2016 November 14, 2016	10:00 a.m. – 2:00 p.m.

If your biometrics are not received by December 31, 2016, you will lose the credit in 2017!

Schedule early! Do not wait until the last minute to complete this important process!

- For more information visit the Benefits Page on Employee Central at <http://employeecentral.co.fulton.ga.us/Pages/Default.aspx>.

Earn/Keep the 2017 Wellness Credit:

Kaiser HMO Enrollees

- Schedule your annual exam with your primary care doctor between **NOW** and November to complete one step towards earning your 2017 wellness credit!
- **Only if you are unable to get an appointment with your doctor by November, register through the Online Scheduler, for a biometric screening at one of the locations below.**
- **Log on to www.kp.org/wellnessevent. Enter this sign-up code: **Fulton**.** Screenings are on a first-come first-served basis and must be scheduled up to 12 days before the session you want to attend.
- As a Kaiser participant, you will also need to
 - Take one online Healthy Lifestyle Program, and
 - Get all recommended age and gender appropriate cancer screening
- For more information visit the Benefits Page on Employee Central at <http://employeecentral.co.fulton.ga.us/Pages/Default.aspx>.

If your biometrics are not received by December 31, 2016, you will lose the credit in 2017!

Schedule early! Do not wait until the last minute to complete this important process!

Earn/Keep the 2017 Wellness Credit:

Kaiser HMO Enrollees

- Every county location could not be targeted; however, employees are encouraged to schedule the location nearest YOU. Below is a list of the sessions for **Kaiser** enrollees:

SCREENING LOCATION	DATE	TIME
Juvenile Justice Center 395 Pryor Street, Rm 2145 Atlanta, GA 30312	September 13, 2016 October 12, 2016	10:00 a.m. – 2:00 p.m. 9:00 a.m. – 3:30 p.m.
Fulton County Jail 901 Rice Street NW Atlanta, GA 30318	October 13, 2016 November 1, 2016	6:00 a.m. – 7:00 p.m. 6:00 a.m. – 7:00 p.m.
South Service Center 5600 Stonewall Tell Rd. College Park, GA 30349	September 14, 2016 October 18, 2016 November 10, 2016	10:00 a.m. – 2:00 p.m. 10:00 a.m. – 3:00 p.m. 10:00 a.m. – 3:00 p.m.
Fulton Industrial Blvd @ FIB 5440 Fulton Industrial Blvd. Atlanta, GA 30336	September 19, 2016 October 19, 2016	10:00 a.m. – 2:00 p.m. 10:00 a.m. – 2:00 p.m.
Fulton County Government Center 141 Pryor Street, Atrium Atlanta, GA 30303 (Screening will be in back Hall before entering the Assembly Hall)	September 12, 2016 October 25, 2016 November 15, 2016	10:00 a.m. – 2:00 p.m. 8:00 a.m. – 4:30 p.m. 8:00 a.m. – 4:30 p.m.
North Service Center 7741 Roswell Rd., Sandy Spring, GA 30350	September 15, 2016 October 26, 2016 November 14, 2016	10:00 a.m. – 2:00 p.m. 10:00 a.m. – 2:00 p.m. 10:00 a.m. – 2:00 p.m.

2017 Wellness Program: Tobacco-Free Discount

- To avoid \$50/month (\$25 bi-weekly) tobacco use surcharge on monthly medical plan contributions for all plans:
 - Attest online to being tobacco-free by the October 14 open enrollment deadline
 - Enroll online in a tobacco-cessation program offered through your carrier's wellness program, by **February 28, 2017**



Aetna Dental Plan Options

No changes to this plan

➤ Dental HMO (DMO)

- Dental plan that requires you to see network dentists; otherwise, no benefits paid except for emergencies
- **You must select a primary dentist during the open enrollment process**

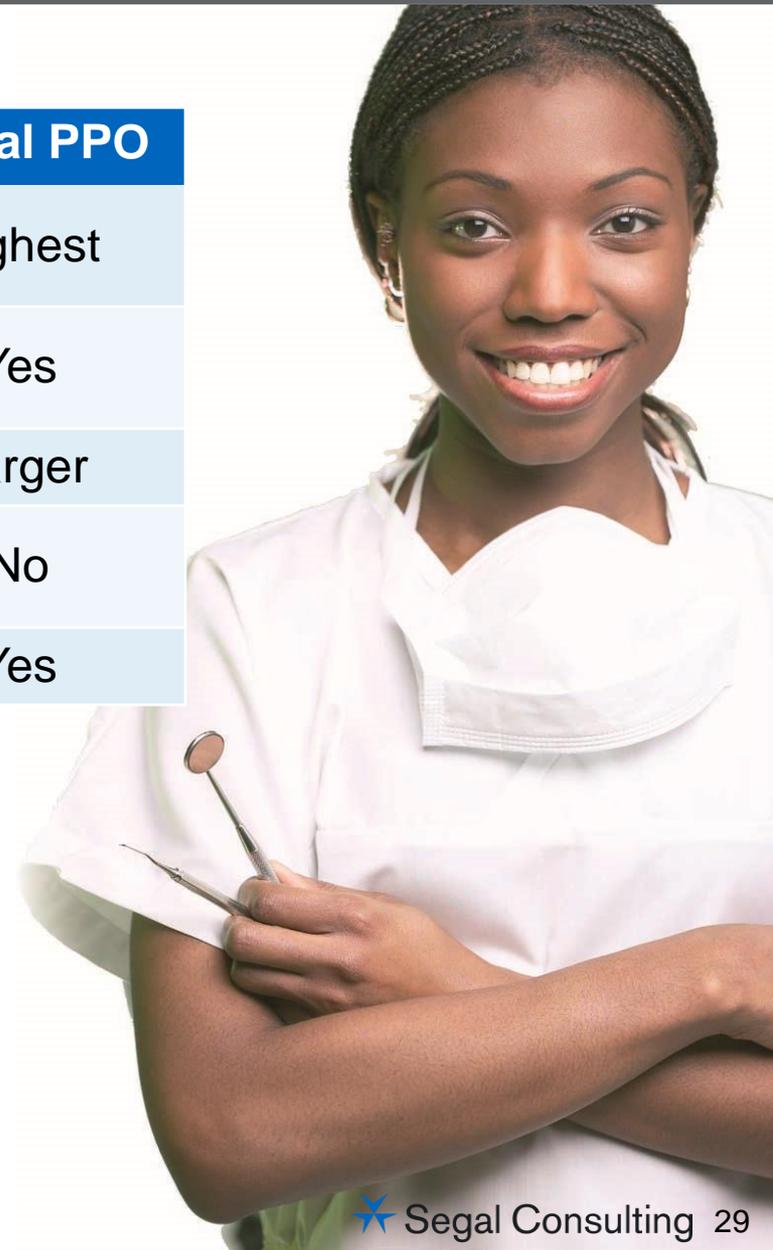
➤ Comprehensive Dental PPO (DPPO)

- Dental plan that lets you choose in-network or out-of-network providers and covers a wide range of dental expenses
- 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



Differences between New Dental HMO and Current 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

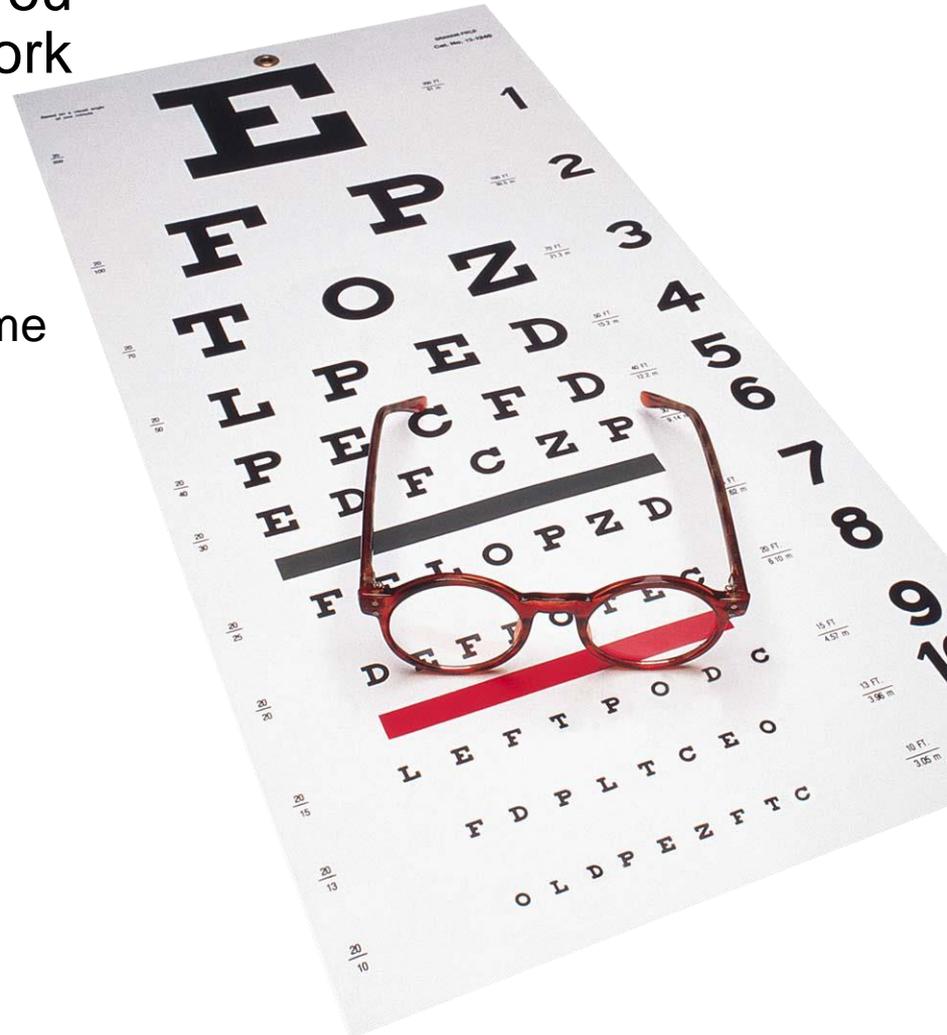
* The normal amount charged by most dental providers in your geographic region, as determined by Aetna.



EyeMed Vision Plan

No changes to this 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

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)

Open Enrollment

- **September 26 through October 14**
- **ALL ELIGIBLE EMPLOYEES** must enroll online through County's Employee Self Service system (ESS) to have medical, dental and vision coverage, effective January 1, 2017 **and** complete the tobacco-use attestation form online by October 14, 2016 to avoid the \$50 per month surcharge.

If you fail to enroll by October 14, 2016, you and your current dependents will be defaulted to the Kaiser HMO for the 2017 plan year with no coverage for dental and vision.

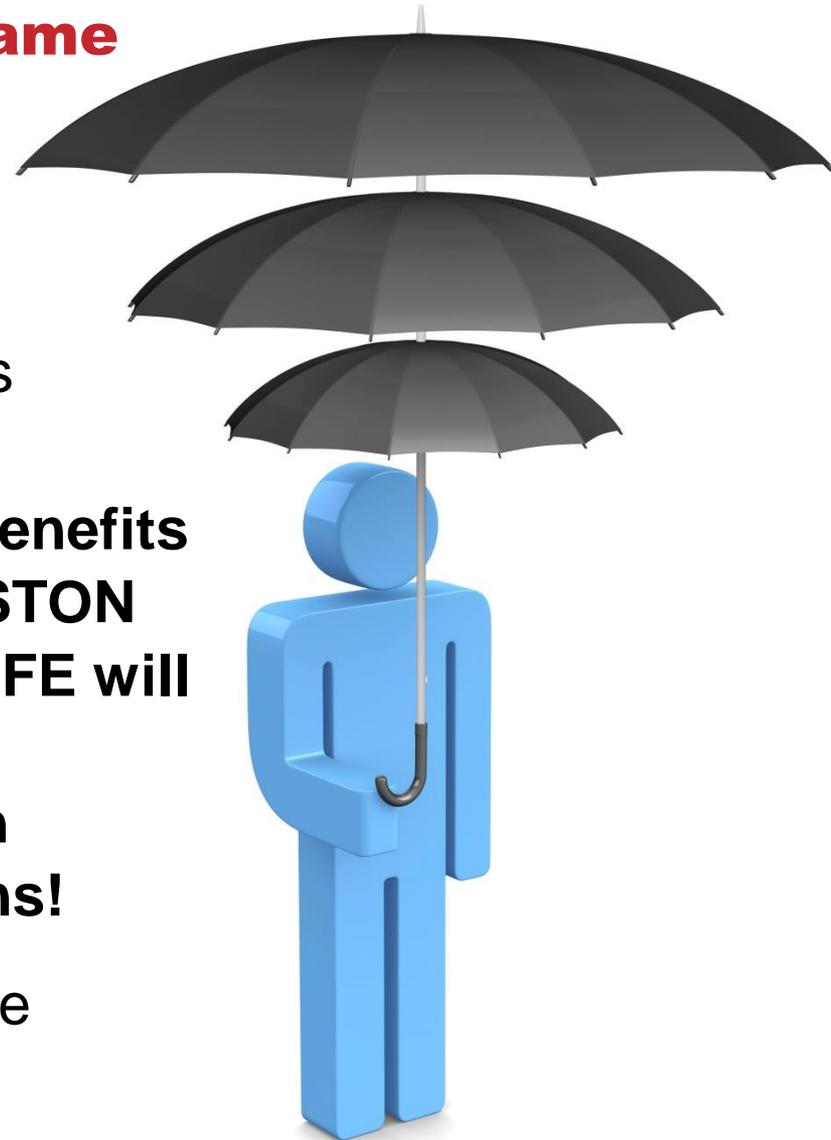
NO PHONE ENROLLMENT!



Other Benefits

All other benefits remain the same

- Life Insurance
- Employee Assistance Program
- Disability Coverage
- Commuter Reimbursement Accounts
- Voluntary Benefits
 - **Open Enrollment for Voluntary Benefits through AFLAC, ALLSTATE, BOSTON MUTUAL, COLONIAL & TEXAS LIFE will begin September 26th through October 31st. Be sure to meet with a representative to discuss options!**
- FSA enrollment direct with Colonial Life



Flexible Spending Accounts

- These accounts lets you set aside money each calendar year to pay for non-reimbursable expenses on a pre-tax basis—before the money in your paycheck is taxed
- Three types of accounts:
 - **Traditional Health Care FSA:** maximum contribution \$2,550/year
 - **Limited Purpose Health Care FSA:** maximum contribution \$2,550/year - specifically for employees enrolled in the HSA plan – covers only dental and vision expenses
 - **Dependent Care FSA:** maximum contribution \$5,000/year



Flexible Spending Accounts *continued*

- When you have an eligible expense, you pay with tax-free dollars by:
 - Using a MasterCard convenience card or
 - Paying directly and submitting a claim for reimbursement
- You must enroll with Colonial Life in order to contribute to the traditional Health Care FSA, Limited Purpose FSA, and/or Dependent Care FSA, for 2017.
 - If you are enrolled in the HSA medical Plan you may contribute only to the Limited Purpose Health FSA and/or Dependent Care FSA



QUESTIONS???
