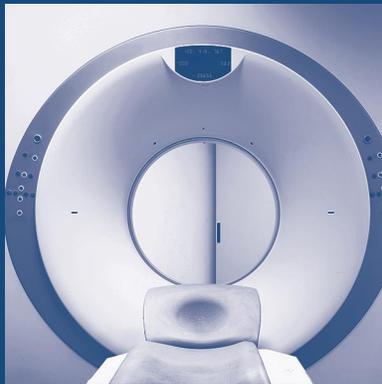
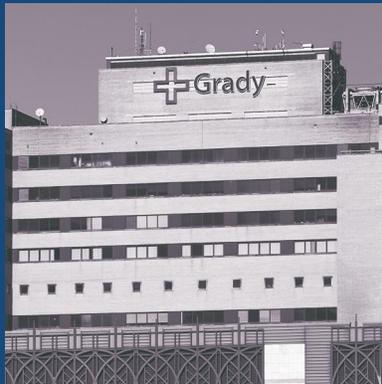
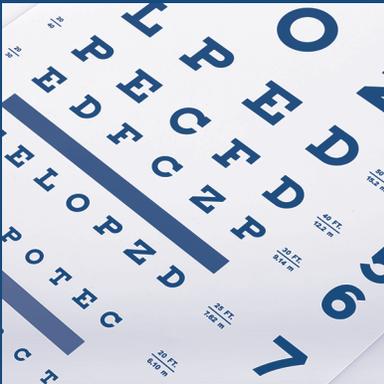


YOUR FULTON COUNTY BENEFITS

Responsibility | Choice | Wellness



2017 Benefits Guide for Active Employees



This guide provides a summary of benefits available to Fulton County active employees and eligible dependents effective January 1, 2017, 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 supersede 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 Employee Benefits Division by email (employeebenefits@fultoncountyga.gov).



MEMORANDUM

TO: All Eligible Fulton County Active Employees

FROM: Hakeem Oshikoya, Finance Director

DATE: September 26, 2016

RE: **2017 Active Employees Open Enrollment Health, Dental, Vision and Life Insurance**

The open enrollment period for **County Health Benefits** for the year 2017 is **September 26 through October 14, 2016**. Open enrollment for **Voluntary Benefits** begins on **September 26, 2016 through October 31, 2016**. Open Enrollment is the period where eligible employees can review/elect/decline or make plan changes for the upcoming calendar year. After the open enrollment period, **no changes** can be made except qualifying/life event changes (marriage, birth of a child, divorce etc.). The plan options for 2017 remain the same as 2016.

The 2017 premium rates for medical, dental, life and vision coverage are included in this guide. Below is an overview of the health plan rate changes for active employees:

MEDICAL

- There is a 2% decrease in premium for the BCBS Point of Service (POS) and CDHP/HSA Plans.
- The rate for the Kaiser HMO Plan will increase by 7.5%. The Kaiser HMO Plan continues to be the lowest cost medical plan.

DENTAL

- The Aetna Dental PPO Plan rate will increase by 5%.
- The rate for the Dental HMO Plan option will increase by approximately 4.5%. The Dental HMO Plan continues to offer a low-cost Dental option with premium rates approximately 50%-60% lower than the Dental PPO Plan. **You must choose a primary care dentist for this plan.**

VISION

- There will be a negligible decrease in the EyeMed Vision premium rates.

Please ensure that you complete your plan elections and the tobacco-use attestation online by the October 14th open enrollment deadline, to avoid medical plan default to the Kaiser HMO with no dental and vision coverage and assessment of the tobacco-use surcharge effective January 1, 2017. The biometric data requirements for the wellness credit must be completed by December 31, 2016. Please attend one of the enrollment meeting sessions listed in this guide to learn more about your benefit options for the 2017 plan year. If you need assistance with completing the online enrollment, attend one of the ESS navigation sessions listed in this guide at a location that is near you.

What's Inside

How to Use This Guide	2	Medical Plan Options	13
Pre-Tax Benefits/Payroll Deductions	2	How the HSA Plan Works	13
2017 Plan Options Remain the Same as 2016 ...	2	How the POS Plan Works	14
Three Medical Plans	2	How the HMO Plan Works.....	15
Two Dental Plans	2	Medical Plan Comparison	16-17
Vision PPO Plan	2	It Pays to Choose Grady Health System	17-18
2017 Wellness Credit	3-4	Dental Plan Options	18
2017 Tobacco-Use Attestation	5	Aetna Dental HMO (DMO)Plan	18
You Must Enroll if You Want 2017 Health Care Coverage!	5	Aetna Comprehensive Dental PPO (DPPO) Plan.....	18
2017 Medical, Dental, Vision and Life Insurance Premium Rates	6	Aetna Dental HMO and PPO Plan Comparison..	18
2017 Bi-Weekly Medical Premium Contributions... ..	6	Vision Plan	19
2017 Bi-Weekly Dental Premium Contributions ..	6	Vision Benefit Summary	19
2017 Bi-Weekly Vision Premium Contributions ..	6	Life Insurance	19
2017 Bi-Weekly Life Insurance Premium Contributions	6	Designating Your Beneficiary	20
Contact Information	7	The Employee Assistance Program (EAP)	20
About 2017 Annual Enrollment	8	Flexible Spending Accounts	20-22
Attend an Annual Enrollment Meeting	8	How the Accounts Work.....	21-22
Online Enrollment through ESS	9	Comparing the Health Savings Account, Traditional HCFSA and LP-HCFSA	23
About Your Personal Information	10	Commuter Reimbursement Accounts	24
Eligibility	10	Long-Term Disability	24
Dependent Documentation Required	11	Additional Benefit Options	24-25
Coverage Changes	12	Tonik Health Plans	25
Terms to Know	12		

How to Use This Guide

This benefits guide provides information about the benefit plans available to you as a Fulton County employee. Inside, you will find a summary of key plan provisions to help you make informed benefits elections and understand how your plans work. Understanding how your plans work can give you the confidence to take control of your benefits.

Please review this guide thoroughly and read the directions for enrolling in your benefits, before making your final selections. You are also encouraged to attend an Annual Enrollment meeting at a location near you. If you have questions about your benefits, please email employeebenefits@fultoncountyga.gov or call 404-612-7605.

Pre-Tax Benefits/Payroll Deductions

Fulton County employee medical, dental vision care benefits are offered on a pre-tax basis through payroll deductions. In some instances, the County will pay a portion of your benefits. Each bi-weekly pay period, the remaining portion will be deducted from your paycheck. The amount deducted from your paycheck will be based on the plan you choose and the coverage level you select (that is, Employee, Employee + 1, or Family).

Health Plan Options Remain the Same as 2016

Three Medical Plan Options:

1. **The Consumer-Directed Health Plan with a Health Savings Account (HSA)**, administered by Anthem BCBS. This is the “HSA Plan.”
2. **The Point-of-Service (POS) Plan**, administered by BCBS. This is the “POS Plan”
3. **The HMO Plan**, administered by Kaiser Permanente (Kaiser). This is the “HMO Plan.”

To have medical, dental and vision coverage starting January 1, 2017, you must enroll online by the enrollment deadline. **If you fail to enroll, you and your current dependents will be defaulted to the Kaiser HMO for the 2017 plan year with no coverage for dental and vision.**

Two Dental Plans, offered through Aetna

1. **Dental HMO (DMO) Plan - You must choose a Primary Care Dentist**
For instructions, visit the Benefits Page on Employee Central at <http://employeecentral.co.fulton.ga.us/Pages/Default.aspx>.

2. **Dental PPO (DPPO) Plan**

If you want dental coverage for 2017, you *must* elect coverage at Annual Enrollment.

Vision Coverage Remains the Same

The Vision PPO option, administered by EyeMed Vision care, will remain the same for 2017. However, if you want vision coverage for 2017, you must elect coverage at Annual Enrollment.

How To Earn/Keep Your \$20 Monthly Wellness Credit for 2017

You can reduce your 2017 premium under any of the medical plans by \$20 each month by making an appointment to see your doctor to get your biometrics **OR** attending a biometric screening campaign if you are unable to see your provider. You must complete the requirements with the Medical Plan Provider (BCBS or Kaiser) that you are currently enrolled by December 31, 2016. Below are the instructions for current BCBS and Kaiser HMO Participants.

Current BCBS Participants

- Schedule your appointment between NOW and November, then your doctor can fax a Physician Form once your results are ready any time between now and December 31, 2016 to complete a step towards earning your 2017 wellness credit!
- 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!
- 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.
- 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.

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.

Wellness Initiative Requirements for 2017

Current Kaiser HMO Plan Participants

- 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 schedule 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

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.

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

Tobacco-Use Attestation Form Requirement

All eligible active employees must complete and return the ***Tobacco-Use Attestation Form online by October 14, 2016 to avoid the \$50 monthly tobacco-use surcharge.***

Employees who fail to complete the Tobacco-Use Attestation Form online will be assessed the \$50 monthly surcharge effective January 1, 2017.

If you ***are*** a tobacco user and you ***pledged by the open enrollment deadline that you would enroll in a tobacco-cessation program, you must enroll in a program by February 28, 2017*** to avoid the \$50 monthly tobacco-use surcharge.

If you are a tobacco user and do not pledge to enroll in a tobacco-cessation program by ***October 14, 2016***, you will be assessed the \$50 monthly tobacco-use surcharge effective the first paycheck in January 2017.

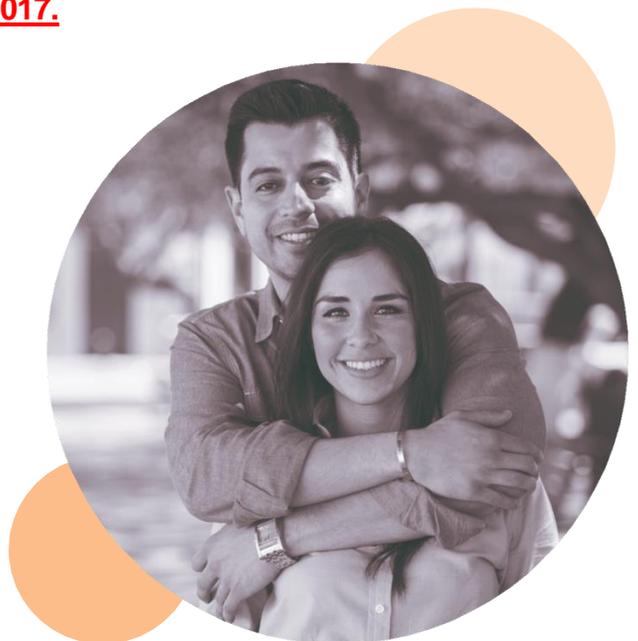
For more information visit the Benefits Page on Employee Central at <http://employeecentral.co.fulton.ga.us/Pages/Default.aspx>.

You Must Enroll if You Want 2017 Health Care Coverage!

You must make elections at Annual Enrollment to have medical, dental and/or vision coverage starting January 1, 2017. ***You MUST enroll online through the County's Employee Self Service (ESS) system by October 14, 2016. You cannot make your elections by phone!***

If You Don't Enroll for Health Care Coverage

If you do not enroll for health care coverage by the October 14, 2016 enrollment deadline, you and your currently enrolled dependents will be enrolled automatically in the Kaiser HMO Plan and you will not have dental or vision coverage for 2017.





2017 Medical, Dental, Vision and Life Bi-Weekly Premiums

	Bi-Weekly County Cost		Bi-Weekly Employee Cost		Cost Share Percentage	
	No Wellness Credit	With Wellness Credit	No Wellness Credit	With Wellness Credit	County	Employees
HSA Plan (BCBS)						
• 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%
HMO Plan (Kaiser)						
• 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%
POS Plan (BCBS)						
• 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%

2017 Bi-Weekly Dental Premium Contributions

AETNA	Bi-Weekly County Cost	Bi-Weekly Employee Cost	County	Employees
Comprehensive Dental PPO				
• Employee	\$12.33	\$4.11	75%	25%
• Employee +1	\$25.21	\$8.40	75%	25%
• Family	\$33.03	\$11.01	75%	25%
Dental HMO				
• Employee	\$6.22	\$2.07	75%	25%
• Employee +1	\$12.12	\$4.04	75%	25%
• Family	\$19.89	\$6.63	75%	25%

2017 Bi-Weekly Vision Premium Contributions

EYE MED	Bi-Weekly County Cost	Bi-Weekly Employee Cost	Cost Share Percentage	
			County	Employees
• Employee	\$4.72	\$3.42	58%	42%
• Employee +1	\$4.72	\$3.42	58%	42%
• Family	\$4.72	\$3.42	58%	42%

2017 Bi-Weekly Life Insurance Premium Contributions

AETNA	Bi-Weekly County Cost	Bi-Weekly Employee Cost	Cost Share Percentage	
			County	Employees
• Life B (50K)	\$2.37	\$0.78	75%	25%
• Life D (10K)	\$1.61	\$0.54	75%	25%
• Life S	\$3.75 per \$25,000, up to \$200,000		NA	

Contact Information

Plan/Service	Administrator	Contact
Fulton County Benefit Office	NA	404-612-7605 employeebenefits@fultoncountyga.gov
BlueCross and BlueShield of Georgia (BCBSGA) Medical Plans	BlueCross and BlueShield of Georgia	800-474-2227 www.bcbsga.com
BCBSGA Pre-Admission Certification and Referral Authorization	BlueCross and BlueShield of Georgia	800-662-9023 800-722-6614
BCBSGA Prescription Drugs (Retail)	BlueCross and BlueShield of Georgia	800-474-2227 www.bcbsga.com
Express Scripts Prescription Drugs (Mail Order)	Express Scripts	888-613-6091 www.bcbsga.com
Mental Health and Substance Abuse Care and Services	BlueCross and BlueShield of Georgia	800-292-2879 www.bcbsga.com
Employee Assistance Program	BlueCross and BlueShield of Georgia	800-999-7222 www.AnthemEAP.com (password: Fulton)
Kaiser HMO	Kaiser Permanente	404-239-6940 my.kp.org/Fulton
Health Savings Account (HSA Plan)	HealthEquity	877-713-7712 www.healthequity.com
Dental	Aetna Dental	877-238-6200 www.aetna.com
Vision	Eye Med Vision Care	866-723-0513 www.eyemedvisioncare.com
Flexible Spending Accounts	Ameriflex	888-868-3539 Enroll through Colonial Life: 770-446-7201 www.flex125.com
Commuter Reimbursement Accounts	Colonial Life	770-446-7201 www.coloniallife.com
Long-Term Disability	Aetna	866-326-1380
Short-Term Disability, Accident Plan, Universal Life Insurance. Critical Illness Plan (One or more of these plans may be available from the insurance companies at right)	Aflac	800-992-3522 www.aflac.com
	Allstate	800-521-3535 www.allstate.com
	Colonial Life	770-446-7201 www.coloniallife.com
	Boston Mutual	800-669-2668 www.bostonmutual.com
	Texas Life	800-283-9233 www.texlife.com
Tonik PPO Plans	Tonik Health Plans	404-210-2954 (Loretta Hunt, Authorized Agent) www.metroatlantahealthplans.com

About 2016 Annual Enrollment

Welcome to 2016 Annual Enrollment for Fulton County! Annual Enrollment is your once-a-year opportunity to review the health care, wellness and financial protection programs available to you and your eligible dependents through Fulton County, and to make your benefit elections for coverage effective January 1, 2017.

Annual Enrollment is September 26 through October 14, 2016. *You must enroll if you want medical, dental and/or vision coverage effective January 1, 2017.*

If you do not enroll for health care coverage by the October 14, 2016 enrollment deadline, you and your currently enrolled dependents will be enrolled automatically in the Kaiser HMO Plan and you will not have dental or vision coverage for 2017.

Review your benefit options and select the plans in which you and your dependents would like to enroll. The options that you choose will be effective January 1, 2017. They will remain in effect through December 31, 2017, unless you have a qualifying life event. If you experience a qualifying life event and want to enroll one or more eligible dependent(s), you must do so within 31 days of the event. If you do not do so within this timeframe, the next time you can enroll your eligible dependents is during 2017 Open Enrollment, for coverage effective January 1, 2018.

Attend an Annual Enrollment Meeting

Annual Enrollment meetings are being held at locations throughout Fulton County. Please plan to attend a meeting at a location near you to learn about your 2017 medical dental and vision plans and to ask questions about your coverage. The meeting schedule is also available on the Benefits Page of Employee Central.

OPEN ENROLLMENT MEETING SESSIONS

DATE	TIME	LOCATION
Tuesday, September 27, 2016	10:00AM -12:00PM	Juvenile Justice Center - 1132-33 395 Pryor St. SW. Atlanta, GA 30312 Room
Tuesday, September 27, 2016	2:00 PM -4:00 PM	South Service Center Auditorium 5600 Stonewall Tell Road, College Park GA 30349
Wednesday, September 28, 2016	10:00AM -12:00PM	Assembly Hall 141 Pryor Street SW. Atlanta, GA 30303
Friday, September 30, 2016	9:00 AM-11:00 AM	Fulton Industrial Blvd Large Breakroom 5440 Fulton Industrial Blvd, Atlanta, GA 30336
Tuesday, October 4, 2016	11:00 am – 1:00 PM	Central Library Auditorium 1 Margaret Mitchell Square, Atlanta, GA 30303
Tuesday, October 11, 2016	10:00AM -12:00PM	North Service Center Conference Room 7741 Roswell Rd, Atlanta, GA 30350
Wednesday, October 12, 2016	2:00 PM -4:00 PM	Assembly Hall 141 Pryor Street SW. Atlanta, GA 30303
Thursday, October 13, 2016	1:00 PM – 3:00 PM	Juvenile Justice Center Room 1132-33 395 Pryor St. SW. Atlanta, GA 30312 Room

Online Enrollment through Employee Self Service (ESS)

You MUST enroll online through the County's Employee Self Service (ESS) system by October 14, 2016. You cannot make your elections by phone! If you haven't registered for the ESS system, or you've registered but forgot your user ID and/or password, please contact the Technical Support Center by phone (404-612-7334) or by email (technical.support@fultoncountyga.gov). Visit today—don't wait until Annual Enrollment begins! Technical Support Center hours are Monday – Friday from 8:30 a.m. – 5:00 p.m.

To enroll for 2017 benefits, visit [http:// employeecentral.co.fulton.ga.us/Pages/Default.aspx](http://employeecentral.co.fulton.ga.us/Pages/Default.aspx) and follow the instructions provided on "How to Navigate ESS for Benefit Enrollment." If you have difficulty during the online enrollment process, please send an email to employeebenefits@fultoncountyga.gov or call 404-612-7605. Below is a list of sessions throughout the County to assist employees with navigating ESS system.

ESS NAVIGATION SESSIONS – LIBRARY LOCATIONS

DATE	TIME	LOCATION
Wednesday, September 28	10:00 a.m. - 3:00 p.m.	Alpharetta Library - 10 Park Plaza, Alpharetta, GA 30009
Thursday, September 29	10:00 a.m. - 3:00 p.m.	Northwest Library 2489 Perry Blvd, Atlanta, GA 30318
Friday, September 30	10:00 a.m. - 3:00 p.m.	Metropolitan Library 1332 Metropolitan Pkwy, Atlanta, GA 30310
Wednesday, October 5	10:00 a.m. – 3:00 p.m.	Wolf Creek Library - 3100 Enon Road, Atlanta 30331
Thursday, October 6	10:00 a.m. – 3:00 p.m.	East Roswell Library 2301 Holcomb Bridge Road, Roswell, GA 30076
Friday, October 7	10:00 a.m. - 3:00 p.m.	Central Library (Teen Center – 3 rd floor) One Margaret Mitchell Square, Atlanta, GA 30303
Wednesday, October 12	10:00 a.m. - 3:00 p.m.	Wolf Creek Library - 3100 Enon Road, Atlanta 30331
Thursday, October 13	10:00 a.m. - 3:00 p.m.	Central Library (Teen Center – 3 rd floor) One Margaret Mitchell Square, Atlanta, GA 30303

ESS NAVIGATION SESSIONS – 141 PRYOR STREET SW, ATLANTA, GA 30303

DATE	TIME	LOCATION
Tuesday, September 27	9:00 a.m. – 3:00 p.m.	Personnel Department, Computer Lab Suite 3029
Tuesday, October 4	9:00 a.m. – 3:00 p.m.	Personnel Department, Computer Lab Suite 3029
Tuesday, October 11	9:00 a.m. – 3:00 p.m.	Personnel Department, Computer Lab Suite 3029

ESS NAVIGATION SESSIONS – CJIS TRAINING ROOM, CARNES BUILDING

DATE	TIME	LOCATION
Monday, September 26	9:00 a.m. – 3:00 p.m.	CJIS Training Room, 160 Pryor St, Atlanta, GA 30303
Monday, October 3	9:00 a.m. – 3:00 p.m.	CJIS Training Room, 160 Pryor St, Atlanta, GA 30303
Monday, October 10	9:00 a.m. – 3:00 p.m.	CJIS Training Room, 160 Pryor St, Atlanta, GA 30303
Friday, October 14	9:00 a.m. – 3:00 p.m.	CJIS Training Room, 160 Pryor St, Atlanta, GA 30303

About Your Personal Information

Your personal data, including any non-public information Fulton County receives when enrolling you in your individual and group benefits, is protected in accordance with the Health Insurance Portability and Accountability Act (HIPAA). If you have questions about our HIPAA privacy and security policies and procedures, please contact the Benefits Office.

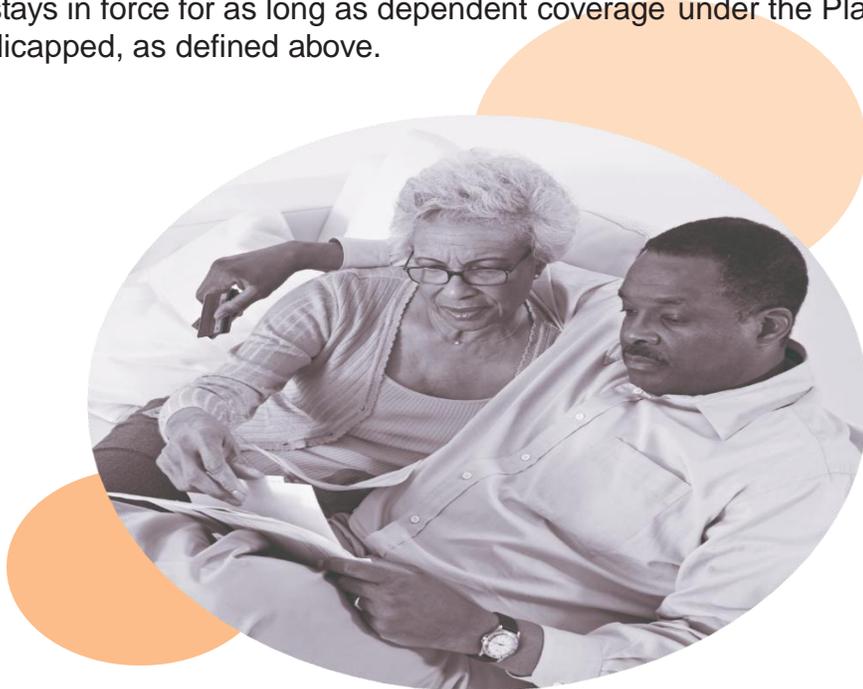
Eligibility

If you are a permanent Fulton County employee who works at least 50% of a scheduled work week, you are eligible to enroll for coverage effective January 1, 2017. If you are eligible and you enroll for coverage, you can also enroll your eligible dependents.

Your eligible dependents include your spouse and children as defined below:

- **Your legally married spouse.**
- **Your children up to age 26**, including natural, adopted, and stepchildren, regardless of student status, marital status or residence.
- **Your handicapped children age 26 or older.**

While coverage normally ends on the last day of the month in which a dependent child reaches age 26, you can continue coverage for a handicapped dependent child. Children are considered handicapped when they are primarily dependent on you for financial support and maintenance because of a mental or physical condition that started before age 19. You must provide proof to the Employee Benefits Office that your child's handicap began before the child reached age 19, and you must do by October 14, 2016 so they can have coverage starting January 1, 2017. Coverage stays in force for as long as dependent coverage under the Plan continues and the child remains handicapped, as defined above.



Dependent Documentation Required

You must provide documentation (e.g., birth certificate, marriage certificate) for all eligible dependents you wish to enroll, to verify their dependent status. Below is a summary of required documentation.

If you don't provide required documentation for a dependent you are adding to your coverage, the start date of their coverage will be delayed. Please fax applicable required documentation to (404) 730-7610.



Dependent	Required
Spouse (a husband or wife who is joined in marriage to an employee by a ceremony recognized by the laws of the State of Georgia)	Copy of your marriage certificate
Children under age 26, including natural, adopted, stepchildren, and those receiving court-ordered support, regardless of student status, marital status or residence	<p>Natural child: Birth certificate</p> <p>Adopted child: Placement papers signed by the court</p> <p>Step-child: Birth certificate (showing parent-child relationship with your spouse); copy of marriage certificate</p> <p>Court-ordered child support: State affidavit; copy of signed court order requiring you to provide support for health coverage</p>
Child 26 years or older who is incapable of self-support due to mental or physical disability, and who has a permanent disability	Physician verification of permanent disability

Coverage Changes

You may change your medical, dental, or vision coverage, and elect to contribute to a Flexible Spending Account (FSA) for 2017 during the Annual Enrollment period. After Annual Enrollment ends, you can only change your coverage/FSA contributions during the 2017 plan year if you have an IRS-qualified status change event, such as one of the following:

- Marriage, divorce, or legal separation
- Birth, legal adoption, placement for adoption, or legal guardianship of a child
- Death of a spouse or child
- A dependent reaching age 26 who, therefore, is no longer eligible for coverage as of the end of their birth month
- Changes in your spouse's employment that affects benefits
- Loss of other group medical coverage, if previously you did not elect coverage under this plan
- Medicare entitlement

The IRS requires that any mid-year change in your elections be consistent with your qualifying status change. In addition, you will be asked to provide proof of the qualifying event, such as a marriage license, or birth certificate to cover your dependents. If you have a qualified status change, you must notify the Fulton County Benefit Office at 404-612-7635 within 31 days of the change. Otherwise, you must wait until the next annual enrollment period to make changes to your elections. You can review a confirmation of your elections through ESS.

Terms to Know

It's easiest to understand how your selected health care plan will work when you understand the terms most commonly used to explain your coverage. Here are terms to know and understand:

- **Annual Deductible:** The annual amount of covered charges you must pay before the plan pays benefits.
- **Copay:** A flat dollar amount you must pay for a medical service such as an office visit, emergency room visit, etc.
- **Coinsurance:** The percentage of covered charges you and the plan pay after you meet the annual deductible. For example, if a plan pays 90% of covered charges after the deductible, you would pay the remaining 10%.
- **Annual Out-of-Pocket Maximum:** This is the most you pay for covered services during a plan year. It includes your deductible, copays, and coinsurance.
- **Exclusions:** Charges, services, or supplies that are not covered. A plan does not provide or pay for excluded items, nor do charges for them apply toward your deductible or out-of-pocket limit.
- **Reasonable and Customary Charge:** This is the allowed amount for medically necessary services and supplies to which your coinsurance is applied. It is based on the amounts providers in a geographic area usually charge for the same or similar medical service. For out-of-network care, you pay any amounts over the Reasonable and Customary charge. You do not pay amounts over the Reasonable and Customary charge when you receive in-network care.

Medical Plan Options

For 2017, Fulton County will offer the same medical plans as 2016:

- **The Consumer-Directed Health Plan (CDHP) with a Health Savings Account (HSA),** administered by Anthem BlueCross and BlueShield (BCBS). This is the “HSA Plan.”
- **The Point-of-Service (POS) Plan,** administered by BCBS of Georgia. This is the “POS” Plan.
- **An HMO Plan,** administered by Kaiser Permanente (Kaiser). This is the “HMO Plan.”

The HSA and POS Plans give you the flexibility to visit any provider in or out of the BCBS network. This means the plans pay benefits whether you receive care in-network or out-of-network. However, you pay less when you visit an in-network provider. That’s because in-network providers discount their charges.

The Kaiser HMO Plan pays benefits only when you receive care from a Kaiser HMO network provider. Otherwise, the plan does not pay benefits (except in case of emergency). All three plans offer preventive care coverage, comprehensive coverage for a wide range of medical services and supplies, and a large network of providers (primary doctors, specialists and hospitals).

How the HSA Plan Works

Here are highlights of the HSA Plan, administered by Anthem BlueCross BlueShield.

- **The HSA Plan is an IRS HSA-qualified Health Plan with a Health Savings Account. It uses the same BCBS network of providers as the POS Plan.**

- **You and the Plan share the cost of your care through your annual deductible and coinsurance.**
 - Your annual deductible is the amount you pay before the Plan starts paying benefits.
 - Coinsurance is the percentage of covered charges you and the plan pay after you meet the annual deductible.
 - Once you reach the Plan’s out-of-pocket maximum, the Plan pays 100% of covered expenses for the rest of the plan year.
- **Preventive care and preventive medications (as described under the Affordable Care Act—the ACA) are covered 100% by the Plan with no deductible or coinsurance.** This means there is no cost to you for specified preventive care and medicines. Preventive care includes an annual routine physical exam, routine immunizations, and age- and gender-appropriate tests and screenings, such as mammograms and colonoscopies. Preventive medications include select tobacco cessation generic prescription drugs and FDA-approved over-the-counter tobacco-cessation products. They also include contraceptives, including generic prescription contraceptive drugs, brand-name drugs with no generic alternative, and certain over-the-counter items.
- **When you enroll in the plan, a Health Savings Account will be set up in your name automatically.** Your account will start with a balance provided by Fulton County. You can also contribute to your HAS via payroll deduction, up to IRS annual limits: \$2,600 single/\$5,250 family (not including the County’s contribution), plus \$1,000 if you are age 55 or older.

- **You can use your HSA to help you meet the Plan’s deductible and pay other out-of-pocket covered medical expenses.** The annual amount you receive in your HSA from Fulton County depends on the coverage level you choose—Single, Employee +1, or Family. Contributions to your account will be made quarterly, as shown below.

Coverage Tier	Quarterly Contribution	Annual Total Contribution
Employee Only	\$187.50	\$750.00
Employee +1	\$375.00	\$1,500.00
Family	\$375.00	\$1,500.00

If you enroll in this Plan, you’ll receive a welcome kit and debit card from HealthEquity, the HSA administrator. You can use the debit card to pay covered medical, dental, and vision expenses. This includes amounts you pay toward meeting your deductible, and for copays and coinsurance. Visit HealthEquity’s website to learn about covered expenses, how to use your Account, and how to track your Account transactions: www.healthequity.com.

See page 13-14 for coverage details.

How the POS Plan Works

Here are highlights of the POS Plan, administered by BlueCross BlueShield of GA.

- **The POS Plan has the same provider network as the HSA Plan.**
- **You and the Plan share the cost of your care through an annual deductible, copays, and coinsurance.**
 - Your annual deductible is the amount you pay before the Plan starts paying benefits.
 - A copay is a flat dollar amount you pay for a medical service such as an office visit, emergency room visit, etc.
 - Coinsurance is the percentage of a covered charge you and the plan pay after you meet the annual deductible.

- Once you reach the Plan’s out-of-pocket maximum, the Plan pays 100% of covered expenses for the rest of the plan year.

- **Preventive care and preventive medications (as described under the Affordable Care Act—the ACA) are covered 100% by the Plan with no deductible or coinsurance.** This means there is no cost to you for specified preventive care and medicines. Preventive care includes an annual routine physical exam, routine immunizations, and age- and gender-appropriate tests and screenings, such as mammograms and colonoscopies. Preventive medications include select tobacco cessation generic prescription drugs and FDA-approved over-the-counter tobacco-cessation products. They also include contraceptives, including generic prescription contraceptive drugs, brand-name drugs with no generic alternative, and certain over-the-counter items.

See page 16-17 for coverage details.



How the HMO Plan Works

Here are highlights of the HMO Plan, administered by Kaiser Permanente.

- **The HMO Plan has a different provider network and health care model than the HSA and POS Plans.** Kaiser has a broad network of providers, located on 29 medical campuses in the metropolitan Atlanta and Athens service areas. For hospital services, Kaiser collaborates with Piedmont Hospital, Northside Hospital, Gwinnett Medical Center, Children’s Healthcare of Atlanta (CHOA), and Athens Regional Medical Center. If you’re interested in this plan for 2017, visit my.kp.org/Fulton to see the medical campus locations nearest you.
- **The plan pays benefits only when you receive care from a Kaiser HMO network provider or partner provider.** Otherwise, the plan **does not pay** benefits (except, in the case of emergency).
- **You and the Plan share the cost of your care only through copays**—there is no annual deductible or coinsurance.
- **Preventive care and preventive medications (as described under the Affordable Care Act—the ACA) are covered 100% by the Plan with no copay.** This means there is no cost to you for specified preventive care and medicines. Preventive care includes an annual routine physical exam, routine immunizations, and age- and gender-appropriate tests and screenings, such as mammograms and colonoscopies. Preventive medications include select tobacco cessation generic prescription drugs and FDA-approved over-the-counter tobacco-cessation products. They also include contraceptives, including generic prescription contraceptive drugs, brand-name drugs with no generic alternative, and certain over-the-counter items.

See page 16-17 for coverage details.



Medical Plan Comparison

	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
Annual 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
Coinsurance	90%	60%	90%	60%	100%
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
Hearing Aid Benefit	90% after deductible	60% after deductible	90% after deductible	60% after deductible	100%, up to \$2,000 annual maximum
Outpatient Lab & X-Ray	90% after deductible	60% after deductible	90% after deductible	60% after deductible	100%
Hospital Emergency Room	90% after deductible	90% after deductible	\$150 copay/visit (copay waived, if admitted)	\$150 copay/visit (copay waived, if admitted)	\$150 copay/visit (copay waived, if admitted)
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
Maternity Care	90% after deductible	60% after deductible	90% after deductible	60% after deductible	\$25 PCP/initial visit; \$35 OB/GYN/initial visit; \$120 copay/admission
• Delivery					\$120 copay for professional fees/doctor
Skilled Nursing Facility	90% after deductible	60% after deductible	90% after deductible	60% after deductible	100%, up to 120 days/year
Home Health Care	90% after deductible	60% after deductible	90% after deductible	60% after deductible	100%, up to 120 days/year
Mental Health Benefits	90% after deductible	60% after deductible	90% after deductible	60% after deductible	\$25 copay
• Outpatient					\$120 copay
• Inpatient					100%
• Intermediate/Alternative					

* 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 meet the deductible.**

	HSA Plan		POS Plan		Kaiser HMO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
Retail (30-day supply)	90% after deductible	60% after deductible	\$10 copay	60% after deductible	\$10 copay
• Generic			\$30 copay		\$30 copay
• Preferred Brand			\$50 copay		\$50 copay
• Non-Preferred Brand			\$75 copay		\$75 copay
• Specialty Brand					
Mail Order (90-day supply)	90% after deductible	Not Available	\$20 copay	Not Available	\$20 copay
• Generic			\$60 copay		\$60 copay
• Preferred Brand			\$100 copay		\$100 copay
• Non-Preferred Brand			\$150 copay		\$150 copay
• Specialty Brand					

It Pays to Choose Grady Health System

BlueCross BlueShield of Georgia and health care provider Grady Health System together offer you access to high-quality health services at no cost to you when you need medical care.

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—two of the most prestigious medical teaching institutions in the U.S.

If you enroll in the BCBS POS Plan, your care for the following is *fully paid* (that is, *there is no cost to you*) when received at a Grady facility. If you enroll in the BCBS HSA Plan and use Grady Health System providers, services will be covered at *100% after you meet the deductible*.

- **Inpatient services**, for hospitalizations, inpatient testing and other services
- **Outpatient services**, for doctor visits, outpatient treatment and other services
- **Neighborhood health centers**, for visits to Grady's neighborhood clinics.

Grady facilities you can use include the following:

- **Asa G Yancey Health Center**
1247 Donald Lee Hollowell Parkway, NW
Atlanta, GA 30318
404-616-2265
Hours: Monday - Friday 7:30 a.m. to 5:00 p.m.
- **East Point Health Center**
1595 W. Cleveland Avenue
East Point, GA 30344
404-616-2886
Hours: Monday, Wednesday, Thursday, Friday 8:00 a.m. to 5:00 p.m.; Tuesday 8:00 a.m. to 7:00 p.m.
- **Grady Memorial Hospital**
80 Jesse Hill Jr. Drive, SE
Atlanta, GA 30303
404-616-1000
Hours: 24 hours a day, seven days a week
- **Kirkwood Health Center**
1863 Memorial Drive, SE
Atlanta, GA 30317
404-616-9304
Hours: Monday, Tuesday, Thursday, Friday 7:00 a.m. to 5:00 p.m.; Wednesday 10:00 a.m. to 7:00 p.m.
- **Lindbergh Health Center**
2695 Buford Highway, NE, Suite 200
Atlanta, GA 30324
404-616-6999
Hours: Monday - Friday 8:00 a.m. to 5:00 p.m.
- **North DeKalb Health Center**
3807 Clairmont Road, NE
Chamblee, GA 30341
404-616-0700
Hours: Monday, Tuesday, Wednesday, Friday 8:00 a.m. to 5:00 p.m.; Thursday 8:00 a.m. to 7:00 p.m.

- **North Fulton Health Center**
7741 Roswell Road
Sandy Springs, GA 30350
404-612-2273
Hours: Monday - Friday 8:00 a.m. to 5:00 p.m.
- **Ponce De Leon Center**
341 Ponce De Leon Avenue
Atlanta, GA 30308
404-616-2440
Hours: Monday - Friday 8:00 a.m. to 5:00 p.m.
- **Walk-In Center**
56 Jesse Hill Jr Drive SE
Atlanta, GA 30303

Dental Plan Options

Fulton County offers dental coverage for you and your family. You have two dental plan options to choose from, as shown below. Aetna administers both plans.

- **Dental HMO Plan** (a new, lower-cost dental plan option).
- **Comprehensive PPO Dental Plan** (your current dental plan option)

To have dental coverage starting January 1, 2017 **you must enroll via ESS, even if you are enrolled now for dental coverage.**

Aetna Dental HMO Plan

Under the new Dental HMO Plan, **you and each enrolled family member choose a primary care dentist.** Your primary care dentist will treat you or refer you for care to other Aetna Dental HMO network providers. The Plan pays benefits for preventive, basic and major care when provided by or referred by your primary care dentist. (Orthodontia care is also covered—you don't need a referral for this category of care.) **Benefits are *not* paid for care received without a referral or from non-network dentists, except, in the case of emergency.** However, this plan has the following advantages when compared with the current Comprehensive Dental PPO Plan.

- Lower monthly premiums
- No deductibles

- No annual benefit maximum
- Generally, lower out-of-pocket expenses when you receive care.

Aetna Comprehensive Dental PPO Plan

- Under the Comprehensive Dental PPO Plan, you can receive benefits for care from in-network or out-of-network dentists. When you receive care from in-network dentists, you pay less. That's because in-network dentists discount their charges. 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.

Below is a summary of the two dental plans.

Aetna Dental HMO and PPO Plan Comparison

Plan	Dental HMO	Dental PPO
Deductible	None	\$50 Single Up to \$150 Family"
Preventive Services	100%	100% of reasonable and customary charges*
Basic Services	100%	85% of reasonable and customary charges*
Major Services	60%	50% of reasonable and customary charges*
Annual Benefit Maximum	None	\$1,500/person
Orthodontia Services	No referral required \$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.

Vision Plan

The Vision Plan is administered by EyeMed Vision Care. With EyeMed, 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, as shown below.

Vision Benefit Summary

Vision Benefits	What's Covered	
Examination	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 12 months	
Provider Services	In-Network	Out-of-Network
Examination	Plan pays 100%, up to \$50	Up to \$50
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

*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.

To find a network provider, visit www.eyemedvisioncare.com or call 866-723-0596. If you elect vision coverage, you can enroll all your eligible dependents for the same cost as you pay for yourself only.

Life Insurance

Below is a summary of life insurance coverage provided by Fulton County.

- Basic Life and Accidental Death & Dismemberment (AD&D).** You must enroll in Basic Life and Accidental Death & Dismemberment (AD&D) coverage. However, to make it easier to afford coverage, the County pays 75% of the cost of coverage; you pay 25%. Your Basic Life benefit is \$50,000. You also receive \$50,000 in AD&D coverage. Plan benefits reduce to \$10,000 when you retire.
- Supplemental Term Life.** You may purchase Supplemental Life insurance on an after-tax basis if you want more coverage than your Basic Life and AD&D amount. You may purchase up to an additional \$200,000, in multiples of \$25,000. If you purchase Supplemental Life when you are first eligible, proof of good health is not required. However, if you waive coverage when you are first eligible and then want to enroll during a future enrollment period, proof of good health will be required. Please note: The first \$25,000 of Supplemental Life coverage is “guaranteed issue.” This means you don’t have to provide proof of good health to be covered. However, if you choose an amount over \$25,000, proof of good health will be required.
- Spouse Term Life Insurance.** You may purchase \$10,000 of life insurance coverage for your spouse. Proof of good health is required.
- Dependent Term Life Insurance.** You may also elect \$10,000 of coverage for your dependent child (age 15 days to 26 years) on an after-tax basis. For dependent children from live birth to age 14 days, you may only elect \$100 of coverage.

Designating Your Beneficiary

When you enroll for life insurance coverage, you must designate a beneficiary. Please have that information ready when you begin your online enrollment. Visit Employee Central for instructions for “How to Designate Your Beneficiary.”

The Employee Assistance Program (EAP)

Regardless of the medical plan option you choose—or even if you don’t choose Fulton County medical plan coverage—you and your eligible family members will have access to the EAP program administered by BlueCross BlueShield of Georgia. The EAP provides free, confidential, short-term assistance and counseling designed to help individuals resolve a variety of personal concerns. There are no costs, fees or copays for the EAP, which provides:

- Toll-free telephone consultation, coaching and crisis stabilization with a licensed mental health professional.
- Up to eight free face-to-face counseling visits, available at convenient locations, to address personal and/or work-related problems including, but not limited to: stress, depression, anxiety, health and wellness.
- Legal services, which include a 30-minute consultation with an attorney (phone-based or face-to-face) at no charge, as well as a 25% discount off normal attorney fees if additional services are required.
- Financial services, which includes a 30-minute consultation with a Certified Public Accountant or Certified Financial Planner (phone-based or face-to-face) at no charge, as well as a 25% discount off normal attorney fees if additional services are required.

- Customized resources, referrals and information for childcare and parenting, senior and dependent adult care, education selection and preparation, health and wellness and customer education.
- Access to the Anthem BlueCross BlueShield website offering self-assessments and a library of valuable articles on mental health, stress management, work/life balance, relationships, substance abuse, emotional well-being, and legal and financial resources.

EAP services can be accessed 24 hours a day, seven days a week by calling 800-999-7222 or visiting www.AnthemEAP.com (password: Fulton).

Flexible Spending Accounts

You will have the following three types of Flexible Spending Accounts (FSAs) available for 2017, all of which are administered by Ameriflex:

- Traditional Health Care Flexible Spending Account (HCFSA)
- Limited Purpose Health Care Flexible Spending Account (LP-HCFSA)—available to you if you enroll in the HSA Plan or any non-Fulton County high deductible health plan (can only be used for dental and vision expenses)
- Dependent Care Flexible Spending Account (DCFSA).

The Traditional and Limited Purpose HCFSA's let you set aside tax-free money to pay for certain health care expenses. The Dependent Care FSA lets you set aside tax-free money to pay for certain dependent care expenses. Since you are using tax-free money to pay these expenses, you lower your federal income and Social Security taxes. This can offset the cost of many of your out-of-pocket health care expenses (such as copays, deductibles and coinsurance) and reduce what you spend from your wallet for caring for your children or other IRS-recognized dependents while you work.

- **You can use the Traditional Health Care FSA to pay for your share of eligible medical, prescription drugs, dental and vision expenses—deductible, copays and coinsurance.**
- **You can use the Limited Purpose Health Care FSA to pay for your share of eligible dental and vision care expenses—deductible, copays and coinsurance. Medical and prescription drug expenses are *not* eligible for reimbursement through the LP-HCFSA.**
- **You can use the Dependent Care FSA to reimburse yourself, tax-free, for certain dependent day care expenses you incur because you (and your spouse, if you are married) work, or are looking for work.**
- ***\$500 Rollover— Traditional and Limited Purpose HCFSA.* Fulton County Flexible Spending Account Plan includes the \$500 rollover option, based on IRS Notice 2013-71. If you contribute to the Traditional or Limited Purpose Health Care FSA, up to \$500 remaining in your account at the end of each year (December 31) will roll over automatically to the following year. For example, if you contribute to the Traditional Health Care FSA in 2016, up to \$500 of money remaining in your account as of December 31, 2016 will roll over to your 2017 Traditional Health Care FSA. **The new \$500 rollover provision does *not* affect the amount you can contribute to a Traditional or Limited Purpose HCFSA—you may still contribute up to the annual IRS maximum (\$2,550 for 2017).****

Participation in the Traditional HCFSA, Limited Purpose-HCFSA and/or the DCFSA is not automatic. Each year, you *must* enroll to participate.

How the Accounts Work

- **The tax advantage.** Your FSA contributions are deducted from your pay before federal income and Social security taxes are paid. That lowers your taxable income, so you pay less federal income, Social Security and, in most states, state income tax.
- **Contributions.** You can contribute up to \$2,550 a year to your Traditional HCFSA or LP-HCFSA, and up to \$5,000 a year to your DCFSA. (The IRS sets additional limits on your DCFSA contributions if you're married and your spouse has a DCFSA through his or her employer.) The amount you choose will be deducted from your pay and deposited into your account equally throughout the year. You deposit money into each account separately. You cannot transfer money between the accounts. Your deposits for the year can be used to pay eligible expenses you have between January 1 and December 31.

NOTE: The Health Care FSA “run-out period” will still apply—that is, you will continue to have 90 days (through March 31 of the following year) to submit claims for reimbursement of eligible expenses you had in the previous year. For example, you have until March 31, 2017 to submit claims for eligible expense you had in 2016. At the end of the run-out period, your remaining balance, up to \$500, will roll over and be available for the following year. Any amount over \$500 will be forfeited.

If you now have *more than* \$500 in your Health Care FSA, you are encouraged to use that amount to pay for eligible services by December 31, 2016, to minimize or avoid forfeiting money in your account that exceeds \$500 after December 31, 2016.

- **Use it, or lose it—Dependent Care FSA.** If you contribute to a Dependent Care FSA and you have unused money in your account at the end of the plan year, you have until March 31 of the following year to file for reimbursement for expenses you incurred in the previous year. After that time, any remaining money will be forfeited (based on IRS rules).
- **Reimbursements.** The money you receive is tax-free—your money goes in tax-free and comes out the same way. You can reimburse yourself for eligible health care expenses in one of two ways: with your MyAmeriflex debit MasterCard, or by filing a claim. You can reimburse yourself for eligible dependent care expenses by filing a claim. These are explained below.
 - **Use your MyAmeriflex Card—a debit card MasterCard.** This card allows you to access and manage your Health Care FSA funds with a single debit card. You can view your account balances, transactions, and claims information online, 24/7 through the MyAmeriflex portal (www.myameriflex.com) and the MyAmeriflex Mobile App. You will receive your MyAmeriflex Card in the mail after you elect to contribute to a Traditional or Limited Purpose Health Care FSA. Whenever you make an eligible health care purchase or pay a health care provider, you can use it just like a debit card. Simply swipe the card at health care merchants that take MasterCard and the funds will be withdrawn directly from your account to pay for the purchase. So, there's no need to pay the expense out-of-pocket, file a claim form and wait for reimbursement.
 - **File a claim.** You can file the appropriate claim form (for health care expenses or dependent day care expenses, as applicable), along with copies of your receipts, with Ameriflex. Claim forms will be mailed to your home after you enroll.



Comparing the Health Savings Account, Traditional HCFSA and LP-HCFSA

There are important differences among the three types of health care reimbursement accounts you can have as a Fulton County Employee—the Health Savings Account, the Traditional Health Care Flexible Spending Account, and the Limited Purpose Health Care Flexible Spending Account, as summarized below.

Key Feature	HSA	Traditional HCFSA	Limited Purpose HCFSA
Can be Used if You Enroll in One of These Fulton County Medical Plans	HSA Plan	<ul style="list-style-type: none"> • POS Plan • HMO Plan 	HSA Plan
IRS Tax-Free Employee Contribution Limits	<ul style="list-style-type: none"> • \$2,600 single • \$5,250 family (The above do not include the County's contribution) The "catch-up" (additional) contribution for individuals who are age 55 or older in 2016 is \$1,000	<ul style="list-style-type: none"> • \$100 minimum annual contribution • \$2,550 maximum annual contribution (not including any rollover amount) 	<ul style="list-style-type: none"> • \$100 minimum annual contribution • 2,550 maximum annual contribution (not including any rollover amount)
Use for Unreimbursed Health Care Expenses	Eligible expenses as defined by the IRS (excluding over-the-counter medications)	Eligible expenses as defined by the IRS (excluding over-the-counter medications)	Eligible dental and vision expenses as defined by the IRS (excluding medical and prescription drug expenses, and over-the-counter medications)
Use for Unreimbursed Dental Expenses and Vision Care Expenses	Yes	Yes	Yes
Use for Dependent Day Care Expenses	No	No	No
Take With You if You Leave Fulton County Employment	Yes	No	No
Use Funds Before They're Actually Deposited in Account	No. This Account works like a checking account. You must have enough money in the account to cover the expense	Yes	Yes
Earns Interest	Yes. Also, once your account balance reaches a certain level, you have the option to invest in a variety of mutual funds	No	No
Roll Over from Year to Year	Yes	Yes—up to \$500 rolls over	Yes—up to \$500 rolls over
Enroll Even Without Participating in a Fulton County-sponsored Medical Plan	No	Yes	Yes. Available to employees who are enrolled in a high deductible health plan (HDHP) as well as an HSA, even through a non-Fulton County medical plan (e.g., your spouse's plan)

Commuter Reimbursement Accounts

The transit and parking Commuter Reimbursement Accounts allow you to use pre-tax dollars to pay for services from transit and parking providers so you can work.

You can contribute up to \$130 per month in commuting/transit expenses and up to \$250 in parking expenses. These limits are subject to IRS regulations and can change each year. Simply use your Ameriflex MasterCard debit card or submit your receipts with a claim form, and you will be reimbursed on a monthly basis from your account.

There is no “use it or lose it” rule or year-end forfeiture of unused balances as long as you are working; however, you must file for reimbursement within six months of the date of service. Unused funds in these accounts roll over each year. You can change your contribution rate any month. Transit and parking are separate accounts, and you cannot transfer money between them.

Long-Term Disability Coverage

Being without a source of income if you're ill or injured and can't work for an extended time is a threat to your family's financial security. Our Long-Term Disability Plan is designed to provide additional financial security to you and your family if you become disabled and unable to work. **This valuable coverage is provided by the County at no cost to you.** Coverage is automatic; enrollment is not necessary. Once your coverage is approved, the plan pays a portion of your pay when you can no longer work due to a non-work-related illness or injury that lasts more than 180 days. After a 180-day elimination period (the time you must wait before

benefits are paid), you would be eligible for a monthly benefit, which is 60% of your base pay.

The maximum benefit amount is \$5,000. If you become disabled before reaching age 60, benefits may continue until age 65. If you become disabled at age 60 or older, the maximum benefit period varies. Your County benefits may be reduced by any income benefits from other sources.

Additional Benefit Options

The following voluntary insurance products may be available through AFLAC, Allstate, Boston Mutual, Colonial Life and Texas Life.

- **Short-Term Disability (STD).** Voluntary short-term disability coverage continues a portion of your income if you have a non-work-related illness or injury and you cannot work. Benefits begin after an elimination period. The plan pays a percentage of your base pay up to a maximum. This plan offers a number of coverage options, so you design a plan that best meets your needs.
- **Accident Plan.** The plan covers a wide range of non-work injury- and accident-related expenses. Accident Plan benefits are paid to you in addition to any benefits you receive from your Fulton County medical plan. You can use any doctor or facility, and there are no deductibles to meet or copays.
- **Universal Life Insurance.** This life insurance coverage provides term life insurance and an opportunity to build savings through a cash accumulation account. You can even take loans and partial withdrawals from the account (once the cash value has built up to certain limits).
- **Critical Illness.** Under this plan, you select the amount of your benefit, up to certain limits. There are no deductibles and you'll receive a cash benefit even if you have medical coverage. When you enroll, you may need to

answer questions to determine the maximum benefit you can elect. You'll be notified if you are approved for coverage and how much coverage will be issued.

For more information about these voluntary insurance products, please call the respective insurer.

Tonik Health Plans

For anyone age 26 or older without health insurance, Tonik offers affordable coverage based on your age, gender and medical history. There are three basic individual PPOs from which to choose. The Tonik network includes over 34,000 doctors and 169 hospitals. When you enroll, you are covered for:

- Routine check-ups
- Doctor visits
- Prescription drugs
- Emergency room care
- Dentist appointments
- Eye exams, glasses or contacts.

Maternity coverage is not included.

For additional information or to enroll, call 404-210-2954 (Loretta Hunt, Authorized Agent) or visit www.metroatlantahealthplans.com.





Responsibility | Choice | Wellness