



DeKalb County Benefits

Your 2016 Medicare-Eligible Retiree Benefits Guide

Benefits Enrollment:
October 19 – 30 , 2015



Welcome to Enrollment!

DeKalb County, Georgia, provides a comprehensive selection of benefits that help protect your health and well-being. The County provides some benefits at no cost to you, some you pay for, and other benefit costs are shared between DeKalb County and you. Once you select your benefit options, your elections remain in effect for the plan year (January 1, 2016 - December 31, 2016). You may only change coverage due to a qualified life event and must do so within 30 days of the event.

What's Changing for 2016?

There are a couple of key changes for the upcoming plan year. We're changing the Medicare plan designs, which also includes an increase in Kaiser contributions.



Important Note:

It's important to note that if you do not elect your benefits during enrollment (October 19 - 30, 2015), you will default into your current coverage for 2016.

What You Need to Know About Enrollment

Here are some of the basics about your DeKalb County benefits — including eligibility requirements and your coverage options.

Benefits Eligibility

To be eligible for benefits, you must be a Medicare-eligible retiree or a dependent of a Medicare-eligible retiree. Eligible dependents include:

- Your spouse/domestic partner as recognized under state or federal law;
- You or your spouse/domestic partner's children, including natural children, stepchildren, newborns, legally adopted children, and children who the Plan has determined are covered under a Qualified Medical Child Support Order as defined by ERISA or any applicable state law; and
- Children from whom you or your spouse/domestic partner is a legal guardian or as otherwise required by law. (You are required to give the Employee Benefits section a copy of any legal documents awarding guardianship of any new dependents.)

All enrolled children will continue to be covered until the age limit listed in the Schedule of Benefits for each plan. Coverage may be continued past the age limit based on certain circumstances. Please review the Summary Plan Descriptions for further information.

Note: You may be required to give proof of continued eligibility for any enrolled child. Your failure to give this information could result in termination of a child's coverage.

Coverage Categories

You may select one of the following coverage levels:

- 1 Medicare-Eligible Retiree
- 2 Medicare-Eligible Retirees
- 1 Medicare-Eligible Retiree + 1 Non Medicare-Eligible Dependent
- 3 Medicare-Eligible Retirees
- 1 Medicare-Eligible Retiree + 2 Non Medicare-Eligible Dependents
- 2 Medicare-Eligible Retirees + 1 Non Medicare-Eligible Dependent

Note: You can choose different coverage levels for different benefits.

For a copy of the Benefits Guide for non-Medicare retirees or dependents, see the link at <http://dekalbpension.com/retirees.html>.



Domestic Partner Coverage

For purposes of this Plan, a domestic partner shall be treated the same as a spouse, and a domestic partner's child, adopted child, or child for whom a domestic partner has legal guardianship, shall be treated the same as any other child.

- Any federal or state law that applies to a Member who is a spouse or child under this Plan shall also apply to a domestic partner or a domestic partner's child who is a Member under this Plan. This includes, but is not limited to COBRA, Family and Medical Leave Act (FMLA), and Coordination of Benefits (COB). A domestic partner's or a domestic partner's child's coverage ends on the date of dissolution of the domestic partnership.

To apply for coverage as domestic partners, both the eligible retiree and the domestic partner must complete and sign the Affidavit of Domestic Partnership in addition to completing the enrollment changes online and must meet all criteria stated in the Affidavit. Signatures must be witnessed and notarized. The Plan reserves the right to make the ultimate decision in determining eligibility of the domestic partner.

You and your domestic partner must submit an accurate and completed Declaration of Partnership Form and meet all the requirements listed on this form. Continued eligibility depends upon the continuing accuracy of this form. Domestic partner eligibility ends on the date a domestic partner no longer meets all the requirements listed on this form.

What's the Definition of Domestic Partner or a Domestic Partnership?

Domestic partner or domestic partnership means a person of the same sex who is the eligible retiree's sole domestic partner and has been for 12 months or more. He or she must be mentally competent and cannot be related to the eligible retiree by blood closer than permitted by state law for marriage. In addition, the domestic partner cannot be married to anyone else and is financially interdependent with the eligible retiree.

Qualified Life Event

Open Enrollment is your only opportunity to make elections or make changes to your benefit elections for the year, unless you experience a qualified life event such as:

- Change in status such as marriage, divorce, death, birth of child, or adoption;
- Change in employment status; or
- Gain or loss of other coverage.

If you experience a qualified life event and want to make changes, please contact the DeKalb County Benefits section to submit proof of your life event. All qualifying life events require approval before they take effect. If documentation is not received, the election changes will not process.

Medicare and Prescription Drug Coverage

Medicare Coverage

Medicare coverage is administered by Aetna or Kaiser Permanente.

Many of the core benefit provisions in our Medicare Plans have either remained the same or have slightly increased in recent years. DeKalb County reviews its plans regularly and makes adjustments when needed to help balance increased healthcare costs and expenses imposed under the Affordable Care Act, while continuing to offer quality benefit plans. Please review the benefits for both of the plan options in the below table. The 2016 changes are highlighted in red.

Prescription Drug Coverage

Prescription drug coverage is provided automatically when you enroll in one of DeKalb County's Medicare plan options. Below is a chart that shows how much you will pay by tier depending on the plan you select. The 2016 changes are highlighted in red.

DeKalb County's prescription copay structure has changed for the 2016 plan year. Kaiser will now have four tiers — generic, preferred brand, non-preferred brand, and specialty drugs for both Retail and Mail Order, like Aetna has had in the past.

Medicare Plan	Aetna Medicare Advantage		Kaiser Senior Advantage	
	2015	2016	2015	2016
Medical Deductible (annual), per individual	\$0	\$250	\$200	\$250
Hospital Copay per stay	\$150	\$150	\$0	\$150
Medical Annual Maximum Out-of-Pocket, per individual	\$1,800	\$2,000	\$1,500	\$2,000
Emergency Room	\$65	\$75	\$50	\$65
Urgent Care	\$20	\$20	\$30	\$30
Ambulance Services	\$75	\$75	\$75	\$75
Medical Visit Copay PCP / Specialist	\$10 / \$20	\$15 / \$35	\$15 / \$25	\$15 / \$35
Coinsurance After Deductible	100%	100%	100%	100%
Diabetic Supplies	100%	100%	\$20	\$25
Outpatient Surgery	100%	100%	100%	100%
Outpatient Diagnostic (Lab, X-Ray, Imaging)	\$20	\$20	100%	100%
Outpatient Dialysis Treatments	\$20	\$20	\$25	\$35
Prescription Drug Coverage	Aetna Medicare Advantage		Kaiser Senior Advantage	
Retail (30-day supply)				
Tier 1: Generic	\$10	\$10	\$10	\$10
Tier 2: Preferred Brand	\$25	\$25	\$20	\$25
Tier 3: Non-Preferred Brand	\$50	\$50	N/A	\$50
Tier 4: Specialty Drugs	\$50	\$50	N/A	\$50
Mail Order (90-day supply)				
Tier 1: Generic	\$20	\$20	\$20	\$20
Tier 2: Preferred Brand	\$50	\$50	\$40	\$50
Tier 3: Non-Preferred Brand	\$100	\$100	N/A	\$100
Tier 4: Specialty Drugs	\$100	\$100	N/A	\$100

Dental and Vision Coverage

Your dental and vision health are other important components of your overall wellness. DeKalb County offers affordable, high-quality coverage options for both dental and vision.

Dental Benefits

Taking care of your teeth is just as important as taking care of the rest of your body. That's why DeKalb County offers a choice of Dental Plans that cover routine check-ups and additional services needed for your dental health. To locate a United Concordia provider in your area, go to www.unitedconcordia.com.

Benefit Overview	High Option	Low Option
Yearly Maximum	\$2,000	\$1,000
Annual Deductible¹ – Individual / Family per Person	\$50 / \$150	\$50 / \$150
Preventive/Diagnostic	100%	100%
Basic Procedures	80%	75%
Major Procedures	60%	50%
Orthodontia (all plan participants)		
Deductible	\$0	N/A
Coinsurance	50%	N/A
Lifetime Maximum	\$3,000	N/A

¹ Deductible does not apply to Preventive Services.

Vision Benefits

As part of maintaining your overall health, routine eye exams should be scheduled on a regular basis. Dollar for dollar you get the best value from your EyeMed benefit when you visit an EyeMed in-network provider. To locate an EyeMed provider in your area, go to www.eyemed.com.

Benefit Overview	High Option		Low Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Exams (every 12 months)	\$15 copay	Up to \$35	\$20 copay	Up to \$35
Exam Options²				
Standard contact lens fit and follow-up	100%	Up to \$40	100%	Up to \$40
Premium contact lens fit and follow-up	10% off retail price, up to \$40	Up to \$40	10% off retail price, up to \$40	Up to \$40
Frames (every 24 months)	\$15 copay, \$150 + 20% off balance over \$150	Up to \$75	\$20 copay, \$130 + 20% off balance over \$130	Up to \$65
Standard Plastic Lenses (every 12 months)				
Single Vision	\$15 copay	Up to \$40	\$20 copay	Up to \$40
Bifocal	\$15 copay	Up to \$60	\$20 copay	Up to \$60
Trifocal	\$15 copay	Up to \$80	\$20 copay	Up to \$80
Contacts (every 12 months)³				
Conventional	\$150 allowance	Up to \$150	\$125 allowance	Up to \$125
Disposable	\$150 allowance	Up to \$150	\$125 allowance	Up to \$125
Medically Necessary	Paid in full	Up to \$210	Paid in full	Up to \$210

² Standard lens fitting — spherical clear contact lenses in conventional wear and planned replacement. Premium lens fitting — all lens designs, materials, and specialty fittings other than standard contact lenses.

³ Contact lens allowance covers materials only.

Additional Coverage Options

Retiree Basic Life Insurance and Retiree Supplemental Life Insurance are an important part of your total health and financial picture. These benefits can provide you with income security when you need it the most. Below is an overview of DeKalb County’s coverage options.

Retiree Basic Life Insurance

Your family depends on your income for their lifestyle today and for the resources necessary to make their dreams — such as a college education — a reality. Like anyone, you don’t like to think of a scenario where you’re no longer there for your family. However, you do need to ensure their lives and dreams can continue if the worst does happen.

DeKalb County knows how difficult it can be to provide this peace of mind on your own, which is why we offer life insurance administered by The Hartford.

DeKalb County provides retirees who were former employees (i.e., not beneficiaries of former employees) with a flat amount of \$7,000 for Retiree Basic Life Insurance coverage at no cost to you.

Retiree Supplemental Life Insurance

DeKalb County provides retirees who were former employees (i.e., not beneficiaries of former employees) with the option to purchase Retiree Supplemental Life Insurance in the amount(s) of \$10,000 or \$20,000. If you are electing coverage for the first time, or electing to increase your current coverage, you will need to provide evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you enroll after this enrollment period, evidence of insurability will be required for all coverage amounts. Your cost may change when you move into a new age category.

To calculate your monthly cost, please use the following formula:

$$\frac{\text{Life Benefit Amount}}{\$1,000} = \text{Rate} \times \text{Rate} = \$ \text{Monthly Cost}$$

Retiree Supplemental Life Insurance	
Age (Rate changes on your birthday)	2016 Monthly Rate Per \$1,000 of Coverage
Under 60	\$.69
60 – 64	\$.80
65 – 69	\$1.75
70 – 74	\$2.79
75 – 79	\$4.47
80+	\$7.16



Contacts and Resources

Below is a list of contacts and resources to help answer any questions you may have now or during the year.

Type of Benefit	Whom to Contact	Phone	Website/Email
General Retiree Benefits Information	Jaimie Jones	404-371-2099	jbjones@dekalbcountyga.gov
Medical and Prescription			
All Aetna Plans	Aetna	888-267-2637	www.aetnamedicare.com
Kaiser Permanente	Kaiser Permanente	404-261-2590 or 800-232-4404	http://my.kp.org/dekalbcounty
Dental and Vision			
Dental	United Concordia	866-851-7564 High Option Group ID: 858610 Low Option Group ID: 858611	www.unitedconcordia.com
Vision	EyeMed	866-723-0514 or 866-299-1358 High Option Plan ID: 9864158 Low Option Plan ID: 9864141	www.eyemed.com
Other Benefits			
Retiree Basic Life Insurance Retiree Supplemental Life Insurance	The Hartford	Customer Service: 800-523-2233 Enrollment Support (only available during Open Enrollment): 877-426-6483 Policy Number: 395165	www.thehartford.com
Other Contact Information			
Medicare	Medicare	800-MEDICARE (800-633-4227) TTY users should call 877-486-2048	www.medicare.gov
The United States Social Security Administration	Social Security Administration	800-772-1213 TTY users should call 800-325-0778	www.ssa.gov
Your state's Medicaid office	Your state	—	Visit the website for contact information for your state www.medicaid.gov

The benefits described in this document are general in nature. Receipt of this information does not guarantee eligibility or benefits coverage. The plan documents provide a full description of the benefits offered and will always govern if there is a discrepancy between this document and any of the plan documents. To obtain a copy of the Summary Plan Description (SPD) for each plan, contact a member of the Retiree Benefits Staff.