



Your 2019/2020 DeKalb County Benefits Guide



DeKalb County
GEORGIA



Welcome to Your 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 (July 1, 2019 – June 30, 2020). **YOU MAY ONLY CHANGE COVERAGE DUE TO A QUALIFIED LIFE EVENT AND MUST DO SO WITHIN 30 DAYS OF THE EVENT. PLEASE REFER TO THE LIST OF LIFE EVENTS ON PAGE 6 FOR MORE INFORMATION.**

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What's New for 2019/2020?

In the 2019/2020 plan year, very little is changing – rates will remain the same and there are minimal changes to our medical plans. Speak with a call center representative to find out more about the options available to you.

Medical and Prescription Drug Coverage

BlueCross BlueShield of Georgia has changed their name to Anthem.

- We have updated out-of-pocket maximums (OOPM) for the Kaiser HMO plan and all Anthem plans.
- We have reduced the deductible for the Kaiser HMO plan; the Kaiser HSA plan and all medical plans administered by Anthem (Blue Open Access POS, HMO and HSA) remain the same as last year.
- Emergency room copays for the Kaiser HMO plan and the Blue Open Access HMO and POS plans have increased.
- Bi-weekly premiums for vision coverage are decreasing!
- For active employees, premiums for Anthem plans and Kaiser plans have not increased, and your Dental premiums remain the same as last year.

Please see pages 8 and 9 for more plan information.

Benefit Spotlight

Anthem's Enhanced Coverage Advisor Tool (NEW)

If you are enrolled in one of the Anthem plans, use the new Coverage Advisor Tool to help you map out the right health plan for you and your family. In addition to the plan comparison, the tool can also be used to determine the cost of services (i.e., how much will my MRI cost, etc.) as well as the financial and tax impact of your plan choices. Access the tool at https://www.webmdhealth.com/ehealth/phdnsconnect.aspx?EXID=DeKalb_County

Flexible Transportation Spending Account

Commuting can be a hassle, but it doesn't have to be expensive. The TransitOne Flexible Transportation Spending Account is a **pre-tax** account that allows you to set aside money to pay for public transit as part of your daily commute to work. The money you use for eligible expenses comes out tax free! Learn more on page 19.

IMPORTANT NOTE:

It's important to note that this year is an **active enrollment**, which means that you must log on to AflacAtWork and ENROLL in order to have medical coverage, dental coverage, a Health Savings Account (HSA), Flexible Spending Accounts (FSAs), and/or a TransitOne Spending Account in 2019/2020. **YOUR CURRENT PLAN ELECTIONS FOR THOSE COVERAGES WILL NOT ROLL OVER!**

If you do not participate in the 2019-2020 open enrollment, the following coverages will end effective July 1, 2019: Medical, Dental and FSA contributions/HSA contributions/Transit One contributions. All other benefits (life insurance, Short-Term Disability, Accident Insurance, legal insurance, etc.) will roll over.

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 permanent employee working 20 or more hours per week. Temporary employees are not eligible. 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 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 age 26. 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:

- **Employee** – coverage for yourself only
- **Employee + 1 Dependent** – coverage for yourself and your spouse/domestic partner or an eligible child
- **Employee + Family** – coverage for yourself and two or more dependents (spouse/domestic partner and/or children)

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

Are You a New Hire?

If you are a newly hired employee (after the Open Enrollment period), you have 30 calendar days (including your hire date) to make your initial benefit elections. If you do not make an initial election, you will not be permitted to enroll until the next Open Enrollment period, unless you experience a qualified life event. Please see page 6 for more information on qualified life events.

Working Spouse Surcharge

If your spouse/domestic partner is employed and eligible for 2019/2020 medical coverage through his or her employer and decides to enroll in DeKalb County's medical coverage, you will be required to pay the \$50 per month surcharge.

Why a Working Spouse Surcharge?

At DeKalb County, we believe we offer our employees high-quality, low-cost medical plan options. This surcharge will apply to you only if you elect to cover your spouse/domestic partner under one of DeKalb County's medical plan options and he or she is eligible for other coverage. This surcharge allows us to continue to provide the higher-quality and lower-cost plan options to you and your family, while managing our expenses.



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 employee 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 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 employee'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 employee 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 employee.

Ready to Enroll?



Once you've reviewed your benefits materials and understand your 2019/2020 benefits options, enrolling online is simple and convenient.

The Enrollment Process

Open Enrollment for 2019/2020 benefits is May 6 - May 20, 2019. This year's enrollment is an active one, which means you must log on to AflacAtWork and enroll in order to have medical coverage, dental coverage, a Health Savings Account (HSA), Flexible Spending Accounts (FSAs), and/or a TransitOne Spending Account in 2019/2020.

Follow these steps to make your benefits elections.

New Hires: If you are a newly hired employee during the 2019/2020 Open Enrollment period through June 30, 2019, **YOU MUST ENROLL TWICE.** Your new-hire elections must be completed through [AflacAtWork](#), and your Open Enrollment elections must also be completed through the [AflacAtWork](#) system. Benefits will not automatically roll over into the new plan year – active elections for Open Enrollment are required. Please see your payroll/ personnel coordinator for enrollment instructions.

How to Enroll

1. **Read your Benefits Enrollment Guide.** Review all of your benefits materials and share them with your family members. You should have your personal, dependent, and beneficiary information ready. You will need full names, dates of birth, and Social Security Numbers (SSNs). Personal information you provide is confidential and for benefits use only.
2. **Save Time, Enroll Online.** It typically takes about 10 to 15 minutes to complete your enrollment.
 - Go to www.aflacatwork.com/dekalbcounty.
 - Enter your **User Name** and **Password** to access the site. Your User Name is your six-digit DeKalb County Employee ID. The Password is the last four digits of your SSN and last two digits of birth year, without any punctuation or spacing (e.g., 123489).
 - Follow the prompts to complete your enrollment.
3. **Questions?** If you need enrollment assistance, contact a call center representative at **877-294-5605**, Monday - Friday, 8 a.m. - 5 p.m., ET, to answer your questions or to help you complete your enrollment elections.

Helpful Hints

- Call center representatives are available to answer any questions you may have, help you formally record your elections, or waive your benefits.
- You must actively re-enroll in order to have medical coverage, dental coverage, a Health Savings Account (HSA), Flexible Spending Accounts (FSAs), and/or a TransitOne Spending Account each year. **You are not automatically re-enrolled in these coverages.**
- To be eligible for benefits, you must be a permanent employee working 20 or more hours per week.

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 enroll online to make election changes **and** submit proof of your life event to the Employee Benefits section within 30 days of your event. All qualified life events require approval before they take effect. If documentation is not received, the election changes will not process.

Note: If you experience a qualified life event during the 2019/2020 Open Enrollment period through June 30, 2019, you must enroll **TWICE**. Your qualified life event elections must be completed through [AflacAtWork](#), and your Open Enrollment elections must also be completed through the [AflacAtWork](#) system. Benefits will not automatically roll over into the new plan year – active elections for Open Enrollment are required. Please see your payroll/personnel coordinator for enrollment instructions.



For Questions or Assistance:

During Open Enrollment (May 6 - 20, 2019) or anytime outside of Open Enrollment, call **877-294-5605**.





Smart Start: DeKalb County Employee Wellness

The DeKalb County Employee Wellness Program, *Smart Start*, encourages a healthy lifestyle, helping employees prevent future illnesses and improve overall health. Take a few simple steps now, and you can significantly reduce your risks of developing illnesses that require ongoing care and maintenance medications in the future.

Three key steps you can take now to improve your health include:

1 Get Regular, Preventive Care

All DeKalb County medical plans cover in-network preventive care at 100%, so it doesn't cost you a penny to get the routine care you need.

2 Participate in Smart Start

The daily demands of life and work can make it hard to live a healthy lifestyle. DeKalb County wants to provide the tools and support you need to be healthy and well. Whether your goal is to have more energy, to lose weight, to manage stress, or to improve your diet, Smart Start can help.

Look for opportunities to volunteer, participate in community activities and learn about health!

3 Participate in the Smart Start Virgin Pulse Ignite Program

Get Healthy. Save Money.

Enroll in the Virgin Pulse Ignite Program! Complete Tobacco, Biometrics, Health Risk Assessment and additional activities. All health plan-covered employees have the opportunity to earn wellness points.

By completing the Wellness Program by March 31, 2020, you will avoid paying the applicable monthly surcharge effective July 1, 2020. DeKalb County will communicate the surcharge as the program evolves. Stay tuned!

Medical Coverage

Medical coverage is administered by Anthem or Kaiser Permanente.

Many of the core benefit provisions in our medical plans have either remained the same or have improved 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 all the plan options in the below table. The 2019/2020 changes are highlighted in **red**.

Benefit Overview	Blue Open Access POS		Blue Open Access HMO	Blue Open Access HSA		Kaiser HMO	Kaiser HSA
	In-Network	Out-of-Network	In-Network ²	In-Network	Out-of-Network	In-Network	In-Network
Medical/Rx Deductible Individual / Family	\$750 / \$1,500	\$1,500 / \$3,000	\$500 / \$1,500	\$1,500 / \$3,000	\$3,000 / \$6,000	\$500 / \$1,500	\$1,800 / \$5,400
Plan Year Out-of-Pocket Maximum Individual / Family	\$5,500 / \$11,000	\$9,200 / \$18,400	\$7,900 / \$15,800	\$6,750 / \$13,500	\$13,500 / \$27,000	\$7,900 / \$15,800	\$6,000 / \$12,000
Lifetime Maximum	Unlimited		Unlimited	Unlimited		Unlimited	Unlimited
Coinsurance	20% ¹	40% ¹	10% ¹	20% ¹	40% ¹	10% ¹	30%
Preventive Care							
Primary Care Physician	No Charge	40% ¹	No Charge	No Charge	40% ¹	No Charge	No Charge
Specialist	No Charge	40% ¹	No Charge	No Charge	40% ¹	No Charge	No Charge
Physician Services							
Primary Care Physician	\$25 copay	40% ¹	\$25 copay	20% ¹	40% ¹	\$25 copay	30% ¹
Specialist	\$40 copay	40% ¹	\$40 copay	20% ¹	40% ¹	\$40 copay	30% ¹
Emergency Services							
Hospital Copay	\$300 copay, then 20% ¹	\$300 copay, then 40% ¹	\$250 copay + deductible, then 10% ¹	20% ¹	40% ¹	\$250 copay + deductible, then 10% ¹	30% ¹
ER Copay	\$300 copay + deductible, then 20%¹	In-network levels if emergency. If not emergency, coinsurance after deductible.	\$300 copay + deductible, then 10%¹	20% ¹	40% ¹	\$300 copay	30% ¹
Urgent Care	\$75 copay + deductible, then 20% ¹		\$75 copay + deductible, then 10% ¹	20% ¹	40% ¹	\$50 copay	30% ¹
Ambulance	20% ¹		10% ¹	20% ¹	40% ¹	\$150 copay	30% ¹
Lab, X-Ray, and Hospital Services							
Diagnostic X-Ray & Lab	\$25 or \$40 copay	40% ¹	\$25 or \$40 copay ¹	20% ¹	40% ¹	100% covered	30% ¹
Maternity	20% ¹	40% ¹	\$25 first visit, then 100% covered	20% ¹	40% ¹	\$40 copay first visit, then 100% covered	30% ¹
Inpatient Hospital	\$300 per admission, then 20% ¹	\$300 per admission, then 40% ¹	Deductible + 10% ¹	20% ¹	40% ¹	Deductible + 10% ¹	30% ¹
Physician In-Hospital Services	20% ¹	40% ¹	Deductible + 10% ¹	20% ¹	40% ¹	Deductible + 10% ¹	30% ¹
Outpatient Hospital	20% ¹	40% ¹	Deductible + 10% ¹	20% ¹	40% ¹	Deductible + 10% ¹	30% ¹

¹ After the deductible has been met.

² Prior approval for out-of-network services is required.

Prescription Drug Coverage

Prescription drug coverage is provided automatically when you enroll in one of DeKalb County's medical plan options. For most plans, coverage is provided by CVS/caremark. However, if you enroll in the Blue Open Access HSA, your prescription drug coverage will be provided by Anthem. Below is a chart that shows how much you will pay and the name of the administrator depending on the plan you select.

Prescription Drugs	Blue Open Access POS Provider: CVS/caremark		Blue Open Access HMO Provider: CVS/caremark	Kaiser HMO Provider: Kaiser
	In-Network	Out-of-Network	In-Network ¹	In-Network
Retail (30-day supply)				
Generic	\$15 copay	Not covered	\$15 copay	\$15 copay
Formulary	30% (\$40 min / \$100 max)	Not covered	30% (\$40 min / \$100 max)	30% (\$40 min / \$100 max)
Non-Formulary	40% (\$80 min / \$120 max)	Not covered	40% (\$80 min / \$120 max)	40% (\$80 min / \$180 max)
Specialty	30% (\$100 max)	Not covered	30% (\$100 max)	Applicable generic, formulary, or non-formulary coinsurance and/or copay will apply.
Mail Order (90-day supply)				
Generic	\$30 copay	Not covered	\$30 copay	\$30 copay
Formulary	30% (\$80 min / \$200 max)	Not covered	30% (\$80 min / \$200 max)	30% (\$80 min / \$200 max)
Non-Formulary	40% (\$160 min / \$240 max)	Not covered	40% (\$160 min / \$240 max)	40% (\$180 min / \$360 max)
Specialty	Not covered	Not covered	Not covered	Applicable generic, formulary, or non-formulary coinsurance and/or copay will apply.

¹ Prior approval for out-of-network services is required.

Prescription Drugs	Blue Open Access HSA Provider: Anthem	Kaiser HSA Provider: Kaiser
	In-Network / Out-of-Network ²	In-Network
Retail (30-day supply)		
Generic	\$10 copay, after deductible	\$15 copay, after deductible
Formulary	\$30 copay, after deductible	30% (\$40 min / \$100 max), after deductible
Non-Formulary	\$50 copay, after deductible	40% (\$80 min / \$180 max), after deductible
Specialty	30% (\$100 max), after deductible	After deductible, applicable generic, formulary, or non-formulary coinsurance and/or copay will apply.
Mail Order (90-day supply)		
Generic	\$20 copay, after deductible	\$30 copay, after deductible
Formulary	\$60 copay, after deductible	30% (\$80 min / \$200 max), after deductible
Non-Formulary	\$100 copay, after deductible	40% (\$180 min / \$360 max), after deductible
Specialty	Not covered	After deductible, applicable generic, formulary, or non-formulary coinsurance and/or copay will apply.

² You will pay full cost at the pharmacy and file a claim for reimbursement.

Go Generic and Save Money!

Always ask your doctor if a generic medication is available – generics are less expensive than their brand-name counterparts and just as effective.

You also may want to consider enrolling in a medical plan with a Health Savings Account (HSA) or enrolling in a Flexible Spending Account (FSA) if you are not enrolled in the Blue Open Access HSA plan or the Kaiser HSA plan. HSAs and FSAs allow you to set aside pre-tax dollars to cover eligible expenses, including prescription drugs.

Health Savings Accounts (HSAs)



HSAs allow you to put aside pre-tax dollars from your paycheck to help pay for qualified expenses. Because of the tax advantages, the IRS limits the amount you can contribute to an HSA. In 2019, the maximum amount you can contribute to your HSA is \$3,500 (employee) and \$7,000 (family).

DeKalb County's benefits year is the same as our fiscal year, July 1 – June 30. Because your benefits coverage crosses into two calendar years, whatever you elect to contribute to your HSA this year will also carry over into next calendar year.

The chart below shows how DeKalb County will help contribute to your HSA if you select the Blue Open Access HSA plan or the Kaiser HSA plan. DeKalb County will make these contributions in two equal installments – half in July and the other half in January.

DeKalb County's Contribution to Your Health Savings Account ¹		
Plan	Blue Open Access HSA	Kaiser HSA
Employee	\$750	\$750
Employee + 1 Dependent	\$1,500	\$1,500
Employee + Family	\$1,500	\$1,500

¹ You must actively enroll in the Blue Open Access HSA plan or the Kaiser HSA plan in order to have a Health Savings Account.

HSA: The Triple Tax Advantage

The HSA allows you to save on taxes in three ways. When you deposit money, it goes in tax free; when you invest your money, it can grow tax free; when you withdraw your money for eligible medical expenses, it comes out tax free. That's why it's called the "triple-tax advantage."

HSAs have a couple of other advantages as well – your funds roll over and your account is portable. Each year, you are able to contribute up to the IRS limit to your Health Savings Account, tax free. You have the option of using the money to pay for eligible medical expenses or saving it for future eligible expenses. In addition, whether or not you remain with DeKalb County, the money in your account is portable.

Limited Purpose Flexible Spending Account (LPFSA)

If you are enrolled in the Blue Open Access HSA or the Kaiser HSA plan, a health savings account is automatically opened. An LPFSA (administered by WageWorks) will allow you to reap the benefits of a regular FSA; however, you can use this plan to pay only for certain dental and vision expenses. This is an opportunity to use the LPFSA plan if you are expecting to have one or both of these services during the next plan year and save your HSA dollars. **Remember, any type of FSA is a use-it or lose-it plan, while balances in the HSA roll over year to year.**

How Much Should I Contribute?

If you decide to participate in an HSA for 2019/2020, you will need to decide how much you want to contribute. This amount will depend on your anticipated expenses and budget for the coming year. You'll also need to take into account the annual IRS limits on your contributions. This year, you and DeKalb County can contribute up to a combined \$3,500 for single coverage and \$7,000 for families. In addition, if you are age 55 or older and not enrolled in Medicare, you can contribute up to an additional \$1,000 to your HSA account, known as the "catch-up" contribution.

Eligible and Ineligible Expenses

[Click here](#) to review the list of eligible and ineligible medical expenses. This list is not all-inclusive. Remember, the IRS may modify its list of eligible expenses from time to time. IRS guidelines must be followed. As always, consult your tax advisor should you require specific tax information.

Restrictions

HSAs also have restrictions. These restrictions do not prevent you from enrolling in the plan, only from receiving any contributions (yours and the County's):

- You cannot be claimed as a dependent on someone else's taxes;
- You cannot be enrolled in a Flexible Spending Account through another employer;
- You cannot have any other medical plan, including Medicare parts A, B, C or D; and
- You cannot be covered by your spouse's medical plan unless he or she also is covered by an HSA plan.

Note: If you are currently enrolled in an FSA, and wish to enroll in the HSA medical plan (with the HSA), you must use all of your FSA funds by June 30, 2019, regardless of the grace period of September 15, 2019. Per IRS guidelines, no contributions can be made into your HSA for the first four months of the plan year if there is a balance in your previous plan year's FSA. In addition, once these contributions are available, you are not allowed to use them for any expenses incurred during the first four months of the plan year.

Additional Resources

For additional help, schedule time to discuss your options with a call center representative. Blue Open Access HSA plan participants can visit healthequity.com/ed/hsalearn and click on "Tools & Forms" to access an HSA calculator that can help you determine how much to contribute to an HSA. Kaiser HSA plan participants can visit www.visualcalc.com/products/kphsacontrib.html to access an HSA calculator.

HSA vs. FSA: Which Option is Best for You?

Health Savings Accounts (HSAs) and Flexible Spending Accounts (FSAs) are two ways for you to set aside pre-tax money from your paycheck to use for qualified medical expenses. The biggest difference between the two types of accounts is how and when you can use them. An HSA is a savings account whereas an FSA is a spending account.

- FSA has a "use it or lose it" feature: you must use the money you contribute from your paycheck for medical expenses by June 30 each year.
- HSA is a way for you to save year after year: you can save your money and use it now or save it for medical expenses in the future. The money is always yours. You must be enrolled in the Blue Open Access HSA plan or the Kaiser HSA plan to open an HSA.

If you are participating in the Blue Open Access HSA plan or the Kaiser HSA plan and contributing to an HSA, you generally cannot contribute to a Health Care FSA. For more information about FSAs, see page 16 of this guide.

Examples: How Your HSA Plan Will Work

Single Coverage

- The calendar year 2019 HSA limit is \$3,500.
- DeKalb County contributes \$750 in two installments (\$375 in July 2019 and \$375 in January 2020).

Sarah is currently contributing \$200 per paycheck to her HSA.

Her HSA contributions during January - June 2019 were \$375 (DeKalb County's contribution) + \$2,400 (Sarah's contribution) = \$2,775.

With the 2019 max of \$3,500 and the first installment of DeKalb County's contribution of \$375, she can contribute only \$29.16 per pay period from July 2019 through June 2020 in order to max out her HSA account. She's able to take advantage of the 2019 limit starting in July 2019.

Note that she will have the same biweekly contribution of \$29.16 during the first half of 2020 as she will in the second half of 2019, since she cannot change the election outside of Open Enrollment.

Family Coverage

- The calendar year 2019 HSA limit is \$7,000.
- DeKalb County contributes \$1,500 in two installments (\$750 in July 2019 and \$750 in January 2020).

John is currently contributing \$300 per paycheck to his HSA.

His HSA contributions during January - June 2019 were \$750 (DeKalb County's contribution) + \$3,600 (John's contribution) = \$4,350.

With the 2019 max of \$7,000 and the first installment of DeKalb County's contribution of \$750, he can contribute only \$158.33 per pay period from July 2019 through June 2020. He can take advantage of the 2020 limit starting in July 2020.

Note that he will have the same biweekly contribution of \$158.33 during the first half of 2020 as he will in the second half of 2019, since he cannot change the election outside of Open Enrollment.

Note: These examples are based on employees who continue the same elections throughout the plan year. Any changes will affect the total dollars contributed towards the calendar year HSA limit. If an employee changes from single coverage to family coverage effective July 1, 2019, he or she will use the \$7,000 to calculate the limit. Refer to the Family Coverage example above to calculate the limit.



More Coverage with Aflac Supplemental Benefits

In addition to the protection that the medical plan provides, you have the opportunity to enroll in supplemental medical benefits for additional coverage. We are partnering with Aflac to offer these voluntary benefits, which will pay cash benefits for covered illnesses, injuries or death. Depending on the additional level of protection you choose, you can enroll in one, two, or all of these benefits.



Critical Illness Insurance*

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered critical illness; you do not have to be disabled or terminally ill. The payment is in addition to benefits you may be eligible to receive from other insurance coverage.

Here are some features of the coverage:

- You may elect coverage equal to \$10,000, \$20,000, or \$30,000.
- Benefits are paid directly to you (unless otherwise assigned).
- You can use the payment in any way you choose, such as to pay for out-of-pocket medical expenses, treatment not covered by your medical plan, transportation, mortgage payments, or hiring household help.
- You can cover your spouse/domestic partner for an amount equal to 50% of your coverage amount.
- If you have children, each eligible dependent child is automatically covered for an amount equal to 50% of the amount of your coverage; this coverage is provided at no additional cost. Coverage for children ends when benefits for the last remaining insured adult are paid in full.
- There are no health questions or physical exams required to purchase coverage.
- Cost for coverage is paid through payroll deductions.

**Cancellation of coverage of any Aflac product requires completion of the Aflac Service Request Form, which can be found at www.aflacgroupinsurance.com/docs/customer-service/servicerequest_aflac.pdf. Be sure to complete your information at the top, followed by section 6 (cancellation/change of coverage).*

How Does Critical Illness Insurance Work?

If you are diagnosed with a covered illness, you will receive a lump-sum payment for covered illnesses, including:

- Heart attack (myocardial infarction)
- Cancer
- Stroke
- End-stage kidney failure
- Major organ transplant

For more information about this plan, visit Aflac at www.aflacgroupinsurance.com, or call **800-433-3036**.

Additional Benefits

If you enroll in Critical Illness Insurance, you automatically have the coverages listed below:

- **Additional occurrence benefit** – If you collect full benefits for a critical illness and later are diagnosed with one of the other covered illnesses, you will receive a second full benefit amount for the additional illness, as long as the dates of diagnosis are at least six months apart and the subsequent critical illness is not caused by or contributed to by a prior critical illness that was previously paid.
- **Recurrence benefit** – If you collect full benefits for a covered condition and are later diagnosed with the same condition, you will receive another full benefit, as long as the dates of diagnosis are at least 12 months apart, or – in the case of cancer – as long as the recurrence occurs after 12 months without treatment.

- **Health screening benefits** – You and your spouse/ domestic partner will receive up to \$50 each year for any one covered health screening test, such as a mammography, a colonoscopy, or a Pap smear.

Accident Insurance*

Accident Insurance pays benefits when you are injured as the result of a covered accident. For injuries and accidents, the plan covers a wide variety of services, such as:

- A Dismemberment benefit;
- Transportation and Lodging benefits;
- An Emergency Room Treatment benefit;
- A Rehabilitation Unit benefit; and
- Coverage for certain serious conditions, such as coma and paralysis.

You have two options when choosing Accident Insurance – the High Plan or the Low Plan. The benefits you receive will depend on your treatments and injuries, with the High Plan paying more generous benefits than the Low Plan. You also may elect coverage for your spouse/domestic partner and/or dependent children.

Here are some features of the coverage:

- Benefits are paid directly to you (unless otherwise assigned).
- You can use the payment in any way you choose, such as to pay for out-of-pocket medical expenses.
- Benefits are paid for covered injuries or accidents that occur on or off the job.
- There are no health questions or physical exams required to purchase coverage.
- Cost for coverage is paid through payroll deductions.

*Cancellation of coverage of any Aflac product requires completion of the Aflac Service Request Form, which can be found at www.aflacgroupinsurance.com/docs/customer-service/servicerequest_aflac.pdf. Be sure to complete your information at the top, followed by section 6 (cancellation/change of coverage).

How Does Accident Insurance Work?

Accident Insurance pays a benefit, regardless of any benefits you receive from other insurance programs. The amount of the benefit is based on the plan you elect, the treatment/services received, and/or the type of covered injury. You can receive benefits for an ambulance ride, use of the emergency room, surgery, anesthesia, stitches, and casts.

Below are the most common benefits paid from Accident Insurance. For additional information about this plan, please refer to the Aflac brochures, visit Aflac at www.aflacgroupinsurance.com, or call 800-433-3036.

	High Plan	Low Plan
Hospital Admission (once per calendar year)	\$1,000	\$750
Physical Therapy (up to six doctor-prescribed physical therapy treatments per covered accident)	\$30	\$20
Accident Follow-Up Visit (up to six treatments (one per day) per covered accident)	\$30	\$20
Emergency Room Treatment (only once per 24-hour period and only once per covered accident)	\$200	\$125
Dislocation	Up to \$3,000	Up to \$2,500
Fracture	Up to \$4,000	Up to \$3,000

Note: The insured must have received initial treatment within 72 hours of the accident.

Group Whole Life Insurance*

Group Whole Life Insurance builds cash value at a guaranteed rate of return. You can access these funds to pay for qualified expenses in the short-term or have the funds paid directly to your named beneficiary upon death.

Who can be covered with Group Whole Life Insurance?

- Yourself
- Your Spouse
- Your children starting from 15 days of age through 25 years

Features of Group Whole Life Insurance include:

- Your premiums will not increase.
- Benefits may be paid directly to your named beneficiary.
- Portable coverage, which means you can take it with you if you change jobs or retire.
- Premiums are paid through convenient payroll deduction.
- You are guaranteed coverage - no health questions asked:
 - Employee: \$50,000, \$75,000 or \$125,000
 - Spouse: \$10,000, \$15,000 or \$25,000
 - Child(ren): \$10,000

When can Group Whole Life Insurance funds be used?

Funds may be used if you experience any of the following qualifying events:

- A non-correctable illness or physical condition that results in the death of the insured in less than 12 months from the date of an accepted written statement.
- A condition that causes the insured to lose the ability to perform, without substantial assistance from another person, at least two activities of daily living due to a loss of functional capacity.
- A condition which causes the insured to require substantial supervision to protect themselves from threats to health and safety due to severe cognitive impairment.¹

¹ This condition must be expected to last for the rest of the insured's life.

Additional Benefits

If you enroll in Group Whole Life Insurance, you automatically have access to the benefits listed below:

- **Accelerated Benefit (employee and spouse only)** – The Accelerated Benefit pays up to one-half of the eligible death benefit when you or your spouse are faced with one or more Qualifying Life Events. The payout of this benefit may be taken as a lump sum or monthly payment.
- **Accidental Death Benefit (employee and spouse only)** – Between the ages of 18-60 you and your spouse are issued this benefit. It pays up to \$300,000 in addition to your basic coverage options if you or your spouse passed away as a result of injuries within 90 days of an accident. This benefit terminates at age 65.
- **Waiver of Premium Benefit (employee only)** – Under this benefit you may waive your monthly premiums if you're totally disabled due to bodily injury or disease for 4 consecutive months. This benefit continues throughout the duration of the disability. You must be aged between 18-55 years to be eligible for this benefit, which terminates at age 60.

For more information about this plan, visit Aflac at www.aflacgroupinsurance.com, or call 800-433-3036.

**Cancellation of coverage of any Aflac product requires completion of the Aflac Service Request Form, which can be found at www.aflacgroupinsurance.com/docs/customer-service/servicerequest_aflac.pdf. Be sure to complete your information at the top, followed by section 6 (cancellation/change of coverage).*

Flexible Spending Accounts (FSAs)



FSAs allow you to put aside pre-tax dollars from your paycheck to help pay for qualified expenses. Because of the tax advantages, the IRS limits the amount you can contribute. In 2019, the maximum amount you can contribute to the Health Care FSA is \$2,700, and the maximum amount you can contribute to a Dependent Care FSA is \$5,000. **You must actively enroll for coverage for 2019/2020, even if you currently contribute to one.**

Administered by WageWorks, FSAs enable you to put aside money for important expenses and help you reduce your income taxes at the same time. DeKalb County offers a Health Care FSA and a Dependent Care FSA. These accounts allow you to set aside pre-tax dollars to pay for certain out-of-pocket health care or dependent care expenses.

- Health Care Reimbursement - \$2,700 annual maximum.
- Dependent Care Reimbursement - \$5,000 annual maximum (\$2,500 if married and filing separate tax returns).
- Covers copays (Health Care FSA only), deductibles (Health Care FSA only), orthodontia (Health Care FSA only), day care (Dependent Care FSA only), nursery school (Dependent Care FSA only), elder care expenses (Dependent Care FSA only), etc.
- See IRS Publications [502](#) and [503](#) for a complete list of covered expenses.

Use It or Lose It

Remember to calculate your expenses conservatively when making your Flexible Spending Account elections. IRS regulations require that you forfeit any money left in your account after the claims submission deadline. This is known as the “use it or lose it” provision.

Because our benefits fall into two calendar years, DeKalb County has incorporated a grace period into our FSA. This means that you have until September 15, 2020, to incur additional expenses. If you use your card during the grace period, it should pull from those funds first. If you have to file a paper claim for reimbursement, it must be submitted to WageWorks no later than September 28, 2020.

Note: If your salary is \$125,000 or more for the 2019/2020 plan year, you can contribute no more than \$3,600 to the Dependent Care FSA.

! If you are enrolled in the Blue Open Access HSA plan or the Kaiser HSA plan and contribute to an HSA account, you cannot contribute to a general-purpose Health Care FSA. In these situations, your only option is to contribute to a limited-purpose FSA. The reason for this is that IRS rules state that you cannot have both an HSA and general-purpose Health Care FSA since both apply funds toward your medical expenses. A limited-purpose FSA allows you to continue to contribute to an HSA. You maximize your savings and tax benefits by restricting your FSA reimbursement to only vision and dental expenses. For more information, please visit page 10, contact a call center representative, or contact WageWorks.

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.

New EyeMed Freedom Pass

Get your choice of available eyeglass frames—any brand, any price—for \$0 out-of-pocket expense when you shop at Sears Optical or Target using:

OFFER CODE: 755288

Vision Benefits

As part of maintaining your overall health, routine eye exams should be scheduled on a regular basis. With pre-tax payroll deductions, you'll be budgeting for your eye care while reducing your taxable income. 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.eyemedvisioncare.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 12 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	\$170 allowance	Up to \$150	\$125 allowance	Up to \$125
Disposable	\$170 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

Life Insurance and Accidental Death & Dismemberment (AD&D) coverage 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.

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 a complete life insurance portfolio administered by The Hartford.

Note: If you're interested in additional life insurance benefits, check out Aflac Group Whole Life Insurance on page 15.

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

DeKalb County provides eligible employees with Basic Term Life and AD&D coverage at only 30% cost to you. DeKalb County pays 70% of the total premium cost. The rate for Basic Term Life and AD&D is \$.049 per month per \$1,000 of coverage.

Basic Term Life: The benefit is equal to 2.25 times (1.125 times for part-time employees working between 20-39 hours weekly) your basic annual earnings, rounded to the next higher \$1,000, subject to a maximum of \$250,000 (\$125,000 for part-time employees). All late entrants will require Medical Underwriting.

Accidental Death and Dismemberment (AD&D):

If you are seriously injured or lose your life in an accident, you will be eligible for a benefit equal to your Basic Term Life coverage. You are automatically enrolled in this plan if you enroll in Basic Term Life.

Dependent Term Life: Flat benefit of \$5,000. This benefit is paid for by DeKalb County, and you are automatically enrolled in this plan if you elect the Basic Term Life.

Supplemental Life and Accidental Death and Dismemberment (AD&D) Insurance

In order to enroll in any of the following supplemental plans, you must enroll in Basic Term Life. The rate for Supplemental Life and AD&D depends on your age. See page 21 for your specific rate.

• Employee:

- **Supplemental Life:** One, two, three, or four times your basic annual earnings (rounded to the next higher \$1,000) up to a \$1,000,000 maximum benefit (\$500,000 for part-time employees). Guarantee Issue (GI) is three times your annual earnings to a maximum of \$100,000. Amounts over the GI will require medical testing and/or a medical questionnaire.
- **Supplemental AD&D:** The benefit amount will be equal to your Supplemental Life coverage. You are automatically enrolled in this plan if you enroll in Supplemental Life.

• Spouse:

- **Supplemental Life and AD&D:** \$10,000 increments of employee Supplemental Life Insurance benefit; \$100,000 maximum benefit. Guarantee Issue of \$20,000. Amounts over the GI will require medical testing and/or a medical questionnaire.

• Child(ren):

- **Dependent Term Life and AD&D:** You may also purchase Supplemental Life Insurance for your dependent child(ren). All amounts are GI during initial enrollment and do not require Evidence of Insurability (EOI); flat benefit of \$5,000.

Note: If you did NOT elect Supplemental Life and AD&D coverage (employee or spouse/domestic partner) during a past enrollment and now want to participate, you will be required to submit EOI.

Disability Insurance*

Below is an overview of DeKalb County's Short-Term Disability plan administered by Aflac. This plan offers income replacement in the event you become disabled. It is another important level of protection for your long-term financial security.

Short-Term Disability (STD)

You have the option of enrolling in a group Short-Term Disability plan. It can help offer peace of mind if an unexpected sickness or injury occurs (due to a non-work-related illness or injury). It provides monthly cash benefits to help you replace lost income if you are unable to work. Benefits start the first day after the elimination (waiting) period, when you are totally disabled and cannot work. A pre-existing condition limitation does apply.¹

- The maximum income replacement is 20%, 40%, or 60% of base annual pay (employee-level choice). Guarantee Issue (GI) is available up to \$4,000 in monthly benefits. Minimum benefit amount is \$300. The maximum benefit is the benefit amount that corresponds with the income replacement elected, not to exceed \$6,000 in monthly benefits. If the benefit amounts between \$4,000 and \$6,000 per month are chosen, health questions are required.
- A physician must be consulted within 72 hours of incurring the injury or illness in order for a claim to be approved.
- Choice of Benefit Period: 12 or 24 months
- Elimination Period: 30 days
- Pregnancy is covered like any other sickness as long as it meets the definition of total disability

¹ This plan does not pay benefits for a disability that starts within 12 months of your effective date from a pre-existing condition. You have a pre-existing condition if you received medical treatment, consultation, care, or services, including diagnostic measures, or took prescribed medications in the 12 months prior to the effective date of coverage. Credit will be given to current Short-Term Disability certificate holders.

The Aflac coverage described here is subject to plan limitations, exclusions, definitions, and provisions. For detailed information, please see the plan brochures, as this material is intended to provide general summaries of the coverage. These overviews are subject to the terms, conditions, and limitations of the plans.

Accident, Critical Illness, and Short-Term Disability Insurance are underwritten by Continental American Insurance Company (CAIC), a proud member of the Aflac family. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

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*Cancellation of coverage of any Aflac product requires completion of the Aflac Service Request Form, which can be found at www.aflacgroupinsurance.com/docs/customer-service/servicerequest_aflac.pdf. Be sure to complete your information at the top, followed by section 6 (cancellation/change of coverage).

TransitOne Flexible Transportation Spending Account

The TransitOne Flexible Transportation Spending Account is a pre-tax benefit account used to pay for public transit as part of your daily commute to work. By using this account, you are able to put extra money in your pocket each month and make your commute more convenient and affordable.

Your transit benefit costs are deducted first and then you pay taxes on the remainder. This means you don't pay taxes on the money you spend for your qualified transportation expenses!

You may contribute up to \$265 per month to your TransitOne account. You will be able to use the money in your account for transit expenses you incur for transportation on a bus, subway, or train while you commute to work in addition to transit passes such as:

- A pass;
- Token;
- Fare card;
- Voucher; or
- Similar item entitling a person to transportation on mass transit facilities or provided by a person who transports people for compensation or hire in a vehicle that seats at least six (6) adults, excluding the driver.



Legal Insurance from ARAG®

Legal insurance from ARAG can help you address everyday situations such as traffic tickets or buying a home. For as little as **\$12.00 per month for UltimateAdvisor Base** or **\$20.50 per month for UltimateAdvisor Plus™**, you can enroll in either plan and have access to a nationwide network of attorneys who can provide counsel, review documents and represent you, if needed. What's more, when you work with a Network Attorney, you don't pay any attorney fees for most covered matters.

Face Life's Legal Issues with More Confidence

When you encounter situations in life that could result in legal or financial issues, you can count on a wide variety of benefits and services to protect you and resolve the following:

- Consumer and fraud protection issues;
- Wills and estate planning;
- Real estate matters;
- Family law;
- Civil damage claims (defense);
- Criminal matters;
- Debt-related matters;
- Dispute with a landlord;
- Government benefits;
- Small claims court;
- Tax issues;
- Traffic matters; and
- Identify theft services.

For complete plan coverage details, call **800-247-4184** to speak with an ARAG Customer Care Specialist, or visit ARAGLegalCenter.com.

Want Increased Protection with Greater Coverage?

With UltimateAdvisor Plus™ legal insurance, not only do you receive all of the benefits offered with UltimateAdvisor, but you can also rely on additional benefits, more legal protection and more comprehensive coverage, such as:

- Child support, child custody or alimony matters;
- Other in-office legal services (for non-excluded, yet non-covered matters);
- Identity Theft Protection that offers credit monitoring, \$1 million identity theft insurance and more;*
- Financial Education and Counseling Services, which offers access to a Credit Counselor, a debt management plan, online tools and calculators and more;
- Caregiving Services, with access to caregiving services from Network Attorneys, eldercare experts and online resources; and
- Tax Services that provide access to a professional tax specialist for tax filing tips, advice regarding IRS audits and notifications, explanation of tax law changes and preparation of tax returns.**

**Eligibility, coverage, limitations and exclusions are governed by a separate coverage document. Please see the identity theft plan summary for details.*

***There is a \$50 cost for each tax preparation (federal or state). Tax preparation is limited to returns that include forms 1040, 1040A or 1040EZ including Schedule A (Itemized Deductions), Schedule B (Interest and Ordinary Dividends) and Schedule D (Capital Gains and Losses). Returns with additional schedules shall be prepared and billed at a rate of \$60 per hour.*

How Much Can You Save?

Common Legal Issues	Fees without ARAG®	Fees with ARAG
Debt Collection Issues	\$2,603 [‡]	\$0
Neighbor Dispute	\$2,256 [‡]	\$0
Purchase a Home	\$2,169 [‡]	\$0
Will Preparation	\$1,475 [‡]	\$0
Bankruptcy	\$3,123 [‡]	\$0
Traffic Ticket	\$1,128 [‡]	\$0

Average attorney rates in the United States of \$347 per hour for 11-15 years of experience, Survey of Law Firm Economics, The National Law Journal and ALM Legal Intelligence, July 2015.

Attorney fees are 100% paid in full when using an ARAG Network Attorney for a covered legal matter.

[‡]Attorney costs calculated by multiplying the 2015 ARAG Claims Data by the average attorney rate in the United States of \$347 per hour for 11-15 years of experience

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Your 2019/2020 Active Premiums

Medical 2019/2020 Biweekly Premiums			
	Employee Only	Employee + 1 Dependent	Employee + Family
Blue Open Access Medical Plan Options			
Blue Open Access POS	\$77.20	\$199.96	\$239.34
Blue Open Access HMO	\$93.75	\$242.82	\$290.63
Blue Open Access HSA	\$28.82	\$74.64	\$89.33
Kaiser Permanente Options			
Kaiser HMO	\$61.26	\$158.72	\$189.64
Kaiser HSA	\$24.17	\$62.52	\$74.70

Dental 2019/2020 Biweekly Premiums	High Option			Low Option		
	Employee Only	Employee + 1 Dependent	Employee + Family	Employee Only	Employee + 1 Dependent	Employee + Family
United Concordia Dental	\$4.90	\$9.79	\$14.68	\$3.50	\$6.82	\$8.75

Vision 2019/2020 Biweekly Premiums	High Option			Low Option		
	Employee Only	Employee + 1 Dependent	Employee + Family	Employee Only	Employee + 1 Dependent	Employee + Family
EyeMed Vision	\$2.63	\$5.00	\$7.34	\$1.63	\$3.09	\$4.54

Supplemental Employee/Spouse/Domestic Partner Life and AD&D	
Age (Rate changes on your birthday)	2019/2020 Monthly Rate Per \$1,000 of Coverage
Less than 30	\$.10
30 - 34	\$.11
35 - 39	\$.14
40 - 44	\$.17
45 - 49	\$.22
50 - 54	\$.35
55 - 59	\$.62
60 - 64	\$.78
65 - 69	\$ 1.44
70+	\$ 2.29

Glossary

Below is a list of some of the important terms used throughout this guide.

Coinsurance: After you meet your deductible, the plan will begin paying coinsurance for medical expenses. Coinsurance is your share of the costs of a covered service, calculated as a percent of the medical expenses for the service.

Copay: Predetermined (flat) fee that an individual pays for health care services in addition to what the insurance covers.

Covered Dependents: Your eligible dependents whom you have enrolled for coverage under one or more of DeKalb County's plan options.

Generic Drug: A drug product that is pharmaceutically equivalent and bioequivalent to another drug product that is customarily recognized as the brand-name product throughout the pharmacist's profession. A drug is pharmaceutically equivalent to another drug if it contains identical amounts of the same active drug ingredients in the same dosage form. A drug is bioequivalent to another drug if it has demonstrated comparable bioavailability when tested under similar conditions.

HMO (Health Maintenance Organization): Represents "pre-paid" insurance plans in which individuals or their employers pay a fixed monthly fee for services instead of a separate charge for each visit or service. The monthly fees remain the same, regardless of types or levels of services provided. Services are provided by physicians who are employed by, or under contract with, the HMO. HMOs vary in design. Depending on the type of the HMO, services may be provided in a central facility or in a physician's own office.

HSA (Health Savings Account): Combines high deductible health insurance with a tax-favored savings account. Money in the savings account can help pay the deductible. Once the deductible is met, the insurance starts paying. Money left in the savings account earns interest and is yours to keep.

In-Network: Providers or health care facilities that are part of the health plan's network of providers with which it has negotiated a discount. Insured individuals usually pay less when using an in-network provider.

Out-of-Network: Physicians, hospitals, or other health care providers who are considered non-participants in an insurance plan. Depending on the plan you choose, expenses incurred by services provided by out-of-network professionals may not be covered or may be covered only in part by your insurance.

Plan Year Deductible: The amount of covered expenses you must pay before most medical benefits are payable from the plan. (Preventive services are covered at 100%.) Once the deductible is met, you and DeKalb County share in the cost of medical expenses, also known as coinsurance.

Plan Year Out-of-Pocket Maximum: This is the maximum amount you and your covered dependents need to pay each plan year towards your covered expenses before the plan pays covered expenses at 100%. The plan year out-of-pocket maximum includes deductibles, copays, and/or coinsurance.

POS (Point of Service): As a member of a POS plan, you may be required to choose a primary care physician who will then make referrals to specialists in the health insurance company's network of preferred providers. Care rendered by non-network providers will typically cost you more out-of-pocket and may not be covered at all.

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	Who to Contact	Phone	Website/Email
General Employee Benefits Information	Daphne Horton	404-371-4972	dhorton@dekalbcountyga.gov
	Shanyce Joseph	404-371-4968	scjoseph@dekalbcountyga.gov
	Chrystal Thurman	404-371-3228	crthurman@dekalbcountyga.gov
	Princess Starr	404-371-2659	pmstarr@dekalbcountyga.gov
	Call Center Representatives	During Open Enrollment (May 6 – 20, 2019) or anytime outside of Open Enrollment, call 877-294-5605	N/A
Retirement Benefits Information	Jaimie Jones	404-371-2099	jbjones@dekalbcountyga.gov
Medical			
Anthem	Anthem	HSA: 855-889-5682 HMO & POS: 855-397-9269	www.anthem.com
Kaiser Permanente	Kaiser Permanente	404-261-2590	http://my.kp.org/dekalbcounty
Prescription			
CVS/caremark	CVS/caremark	888-766-8525 (Customer Service) 800-364-6331 (Pharmacy Help Desk)	www.caremark.com
Anthem (for Blue Open Access HSA)	Anthem	888-809-6084	www.anthem.com
Dental and Vision			
Dental	United Concordia	866-851-7564	www.unitedconcordia.com/dental-insurance
Vision	EyeMed	866-723-0514 High Option Plan ID: 9730599 Low Option Plan ID: 9730656	www.eyemedvisioncare.com
Other Benefits			
Legal Insurance	ARAG	800-247-4184	www.ARAGLegalCenter.com
Critical Illness/Accident/Short-Term Disability/Group Whole Life Insurance	Aflac	800-433-3036	www.aflacgroupinsurance.com
Life Insurance and Accidental Death and Dismemberment (AD&D)	The Hartford	800-523-2233 Claims Customer Service: 888-563-1124 Policy Number: 395165	www.thehartford.com
TransitOne Flexible Spending Account Flexible Spending Account (FSA) Limited Purpose FSA	WageWorks	800-950-0105, option 1 Company Code for DeKalb County: AF05629	www.takecarewageworks.com
Wellness	Virgin Pulse	888-848-3723	https://iam.virginpulse.com

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 Employee Benefits Staff.