

Your **2024** Active Benefits



What's Inside

Welcome!.....	4
2024 Open Enrollment: What You Need to Do	5
How to Enroll on ESS	6
Terms to Know	6
Eligibility	7
Required Documents	8
Save Money and Help Keep Health Care Costs Down!	8
Medical Plan Options	11
Prescription Drug Coverage	14
Dental Plan Options	16
Vision Plan	17
Employee Assistance Program (EAP).....	18
Long-Term Disability Coverage.....	18
Life Insurance.....	19
Additional MetLife Benefits	19
Important Contacts.....	20

This guide provides a summary of benefits available to Fulton County employees and eligible dependents, effective January 1, 2024, as well as laws, procedures and regulations required to obtain and use such benefits. However, if inconsistencies occur between the contents of this guide and the contracts, rules or laws regulating administration of the various programs, the program contract terms and/or appropriate legislation supersedes this guide. In some instances, limitations and exclusions may apply. If you have questions, please contact the benefit program's member services department or the Fulton County Benefits Office at employeebenefits@fultoncountyga.gov.

Welcome!

To: All Eligible Fulton County Employees
From: Hakeem Oshikoya, Finance Director
Subject: 2024 Open Enrollment for Medical, Dental, Vision and Life Insurance Benefits

It's Open Enrollment season again. In the current climate, it's more important than ever to consider all your benefit options—especially your medical plan options.

Open Enrollment is your once-a-year opportunity to elect, decline or change your medical, dental, vision and life insurance options for the upcoming year. **2024 Open Enrollment will begin on September 25, 2023, and end on October 13, 2023.** Coverage for the plans you choose will be effective January 1, 2024, through December 31, 2024.

This guide provides details about the benefit plans available to you as a Fulton County active employee or eligible dependent. You will find information on how to make the most of your benefits—including a summary of key plan provisions, enrollment instructions and benefit costs. Please review this guide thoroughly before making a final decision about your 2024 benefit elections.

For 2024, you have the same four medical plan options:

- **Anthem HSA Plan:** 1.7% premium increase
 - » In-network deductible increasing to \$1,800 single
 - » In-network deductible increasing to \$3,600 family
 - » Out-of-pocket maximum increasing to \$3,600 single
 - » Out-of-pocket maximum increasing to \$7,200 family
- **Anthem POS Plan:** 1.7% premium increase
- **Anthem HMO Plan:** 1.7% premium increase
- **Kaiser HMO Plan:** 6% premium increase

You also have two dental plan options:

- **Aetna Dental PPO Plan:** 2.7% premium increase
- **Aetna Dental HMO Plan:** 4% premium increase

The Fulton County Benefits team is ready to help with any benefit-related questions you may have. Email employeebenefits@fultoncountyga.gov.

We also encourage you to attend an Open Enrollment meeting if you have questions about your benefits. This year's Open Enrollment meetings will be held via Zoom, an online video-conferencing tool. After you register for a session at bit.ly/44R1ZuT, instructions to join the meeting (video or phone) will be emailed to you. **Note:** The registration link works in Google Chrome, Microsoft Edge, Mozilla Firefox and Safari browsers.

You have one vision plan option:

- **EyeMed Vision PPO Plan:** 7.5% premium decrease

You have several life insurance options:

- **MetLife Basic Life and AD&D Insurance:**
No changes
- **MetLife Supplemental Life Insurance:***
No changes
- **MetLife Dependent Life Insurance:**
No changes

*If you are currently enrolled in supplemental life insurance, you may increase your coverage by \$25,000 without having to complete a medical questionnaire.

If you choose to enroll in supplemental life insurance and are not currently enrolled, your enrollment will be subject to approval after you complete a medical questionnaire (which MetLife will send to you after the close of Open Enrollment).

Open Enrollment Meeting Schedule	
Date	Time
Thursday, September 21	11 a.m.
Wednesday, October 4	11 a.m.
Monday, October 9	11 a.m.

2024 Open Enrollment: What You Need to Do

1. **Online enrollment is mandatory through the County's Employee Self Service (ESS) system.** Also, complete the *Tobacco-Use Attestation* online in ESS. If you don't, you'll pay a \$25 biweekly tobacco-use surcharge by payroll deduction starting in January 2024. If you are a tobacco user and pledge during Open Enrollment to complete a tobacco cessation program, you must complete the program by **May 31, 2024**, to receive a refund of the surcharge. If you're enrolled in County-sponsored medical coverage for 2023, you **must** complete the *Tobacco-Use Attestation*, even if you're not making changes to your coverage for 2024.
2. Visit bit.ly/34mcmev to enroll. **Unless you intend to waive all benefits coverage for 2024 and you also waived all benefits coverage for 2023, you MUST complete online enrollment through the County's ESS system.** You'll need your 10-digit Employee ID number to enroll. Contact your department's HR Liaison for your Employee ID number. If you do not enroll, you and any dependents you covered in 2023 will default to the Kaiser HMO Plan **without dental and vision coverage.**
3. If you need to reset your password to complete online enrollment, call the IT Department Help Desk at **404-612-7334**, or email technical.support@fultoncountyga.gov.
4. If you're enrolling new dependents, you must provide documentation to verify their dependent status. See page 8 for a summary of valid documentation. Email the applicable documents to employeebenefits@fultoncountyga.gov. If you don't supply the documents, your new dependents' coverage will be delayed.

Biometric screening events

Reduce your 2024 premium under any of the medical plans by \$20 each month. Just make an appointment to see your doctor by **mid-December** and complete all the requirements by **December 31, 2023**, to earn/keep your \$240 wellness credit.

How to Enroll on ESS

1. Go to bit.ly/34mcmev. You'll need your Employee ID and password.
2. Click **Benefits Enrollment Wizard > Next Page > Continue with Enrollment**.
3. You'll now choose a medical plan, but please review your options on pages 12–14 of this guide beforehand. You'll also select whether to enroll your eligible dependents. If you choose to enroll dependents, click **Add New Dependent** or **Add Existing Dependent**. Separately, you'll need to provide supporting documentation to the Benefits Office **by October 13, 2023**, to verify new dependents. See page 7 for dependent eligibility and documentation rules.
4. Repeat the same process for your dental and vision elections.
5. When you reach the Supplemental Life Insurance page, you may elect or waive additional life insurance, after which you must complete the *Tobacco-Use Attestation*. If you'd like to purchase Supplemental Life coverage, select the coverage amount you want.
6. To verify coverage selections, click **Submit Enrollment**.

Terms to Know

While we try to keep the information in this guide easy to understand, there are some health care terms that are important to know. Take a moment to review these terms—they'll help you better use your Fulton County benefits.

Annual deductible	What you pay out of pocket each year before the plan starts paying a share of the cost for covered services.
Copay	An upfront fee you pay for doctor visits, prescriptions and other costs, depending on the medical plan you enroll in.
Coinsurance	Once you meet your annual deductible, you and the County share the cost of your covered health care expenses. The percentage you pay is your coinsurance.
Out-of-pocket maximum	The maximum amount you'll pay out of pocket each year for in-network care. Some plans have a separate out-of-network maximum too. Once you meet the out-of-pocket maximum, the plan covers 100% of your qualified medical expenses for the remainder of the plan year.
Exclusions	Charges, services or supplies that are not covered and do not apply toward your deductible or out-of-pocket maximum.
Reasonable and customary charge	The amount charged for a service based on the cost of similar medical services in your geographic area. It is used to determine how much you pay in coinsurance when you receive out-of-network care.

Eligibility

You are eligible for benefits if you are a permanent Fulton County employee who works at least 50% of a scheduled work week.

If you are eligible and you enroll for coverage, you can also enroll your eligible dependents, including your:

- Legal spouse
- Children under age 26 (natural children, adopted children and stepchildren)
- Children under age 26 for whom you are required to provide coverage as a result of a Qualified Medical Child Support Order
- Dependent children of any age who are medically certified as handicapped due to a mental or physical condition that started before age 19*

Open Enrollment is your once-a-year opportunity to change your benefit elections. After Open Enrollment ends, you must wait until the next Open Enrollment period to make changes to your coverage, unless you have an IRS-qualified change of status. Status changes include:

- Marriage, divorce, legal separation or death of a spouse
- Birth, adoption, placement for adoption, death or change in custody of a child
- A dependent reaching age 26 (and therefore no longer eligible for coverage)
- A change in your or your spouse's employment that affects your benefits eligibility
- Loss of other group medical coverage, if previously you did not elect coverage offered by the County
- The requirement to comply with a Qualified Medical Child Support Order from a court mandating that you provide medical coverage to a dependent child
- You or your dependents becoming eligible for Medicare, Medicaid or the Children's Health Insurance Program (CHIP)

You must notify the Fulton County Benefits Office at employeebenefits@fultoncountygga.gov within 31 days of experiencing a qualified change of status. You will be asked to provide proof of the qualifying event, such as a marriage license or birth certificate, to change your coverage or enroll for coverage.

*Coverage normally ends on the last day of the month in which a dependent child reaches age 26; however, you can continue coverage for a handicapped dependent child. You must provide proof to the Fulton County Benefits Office that your child's handicap began before the child reached age 19. Coverage stays in force for as long as dependent coverage under the plan continues and the child remains handicapped, as defined above.

Required Documents

You must provide the required documentation, as shown below, for all eligible dependents you wish to enroll for the first time. Please email verification documents to employeebenefits@fultoncountyga.gov. If you do not provide verification documents for your dependents when you enroll them, the start date of their coverage will be delayed.

Dependent	Required Documentation
Legal spouse	Copy of your marriage certificate
Natural child	Birth certificate
Adopted child	Placement papers signed by a court
Stepchild	Birth certificate of your stepchild; copy of your marriage certificate
Court-ordered child support	State affidavit; copy of signed court order requiring you to provide support for health coverage
Permanently disabled child age 26 or older*	Physician verification of permanent disability

*Coverage normally ends on the last day of the month in which a dependent child reaches age 26; however, you can continue coverage for a handicapped dependent child. You must provide proof to the Benefits Office that your child's handicap began before the child reached age 19. Coverage stays in force for as long as dependent coverage under the plan continues and the child remains handicapped, as defined on page 7.

Save Money and Help Keep Health Care Costs Down!

Protect yourself from rising health care costs by taking advantage of every opportunity for savings. Before and after you need care, your Fulton County benefits are designed to save you money on premiums and out-of-pocket costs.

Wellness Credit for Active Employees

You can still reduce your 2024 premium under any of the medical plans by \$20 each month (\$240 per year). Just make an appointment to see your doctor by **mid-December** and complete all of the Anthem or Kaiser requirements (see below) by **December 31, 2023**.

If you have any questions, contact your Wellness Coordinator at employeewellness@fultoncountyga.gov.

Anthem Medical Plans

1. **If you have already scheduled your physical**, a biometric screening is included and your information will be registered through your claims.
2. **If you have another appointment already scheduled**, ask your doctor to include your non-fasting biometric labs. Your non-fasting biometric labs include blood pressure, hemoglobin A1C, cholesterol and body mass index.

Kaiser Medical Plan

1. Visit kp.org/engage and sign on with your **kp.org** user ID and password.
2. Accept the Wellness Program Agreement.
3. Be up to date with your biometric screening:
 - Your non-fasting biometric screening includes blood pressure, hemoglobin A1C, cholesterol and body mass index.
 - If you are already scheduled for a physical, a biometric screening will be included. Or, for a biometric screening only, you can schedule a nurse visit appointment by calling **404-365-0966**.
 - If you have another appointment already scheduled, ask your doctor to include your biometric labs.

Tobacco-Use Attestation

If you are enrolled in a Fulton County medical plan for 2024, you **must** complete the *Tobacco-Use Attestation* online in ESS during Open Enrollment. If you don't complete the *Tobacco-Use Attestation* **by October 13, 2023**, you will be assumed to be a tobacco user, and a \$25 biweekly tobacco-use surcharge will be added to your medical premiums effective January 1, 2024.

If you are a tobacco user, you **must** complete a tobacco cessation program by **May 31, 2024**, to receive a refund of the \$25 surcharge. You will receive details about the tobacco cessation program in the first quarter of 2024.

If you are a tobacco user and do not commit to a tobacco cessation program, you will pay the \$25 biweekly surcharge starting in January 2024.

Grady Health System

Anthem Blue Cross Blue Shield of Georgia (Anthem) and Grady Health System offer high-quality health services to employees enrolled in Anthem medical plans. **Participants in the Anthem HMO and POS plans receive free care at Grady facilities and pay no deductible!** Participants in the **Anthem HSA Plan** receive free care at Grady facilities **after meeting the deductible**.

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. Anthem participants have access to inpatient and outpatient services, as well as neighborhood clinics for routine care.

Visit gradyhealth.org/locations to find your nearest Grady facility.



Know Where to Go for Care

An easy way to limit how much you pay when you need care is to carefully choose **where** you receive care. Here's how:



Unless it's a true emergency, skip the emergency room.

If you go to the emergency room in a non-emergency situation, you could be responsible for the **full cost** of treatment. In fact, the average ER cost in a non-emergency situation is over \$2,000! **When you have a life-threatening medical issue, go immediately to the emergency room. But if it's an ankle sprain, rash or sore throat, your doctor's office or an urgent care center is your best option.**



Try an urgent care center when your doctor is away or not conveniently available for you.

Urgent care centers are best for non-emergencies when you need care and your regular doctor is unavailable. Don't use it for routine care; urgent care generally costs more and has longer wait times than your doctor's office.



Speak to a doctor by video chat.

Telemedicine provides 24/7 health care from board-certified doctors to treat minor health issues via smartphone, tablet or computer. No appointment is needed.



Keep your care in-network.

You'll pay much more out of pocket if you visit hospitals and doctors that aren't in your plan's network. If absolutely necessary, visit out-of-network providers only in an emergency or when in-network providers are unavailable. Certain plans, including the Anthem HMO and Kaiser HMO, won't pay benefits if you receive care out-of-network, unless it's an emergency.

Medical Plan Options

Fulton County offers four medical plans:

- Anthem Health Savings Account (HSA) Plan
- Anthem Point of Service (POS) Plan
- Anthem Health Maintenance Organization (HMO) Plan
- Kaiser Health Maintenance Organization (HMO) Plan

All of the County's medical plans cover in-network preventive care 100%, including routine physical exams, immunizations, and age- and gender-appropriate tests and screenings. Certain preventive medications are also covered, including contraceptives, generic tobacco cessation prescription drugs, and FDA-approved over-the-counter tobacco cessation products.

Anthem HSA Plan

The HSA Plan gives you the flexibility to visit any provider—whether they're in the Anthem network or not. That means the plan pays benefits in-network and out-of-network. However, you pay **less** when you visit an in-network provider, because they discount their fees.

The Anthem HSA Plan helps you save for future health expenses because it comes with a Health Savings Account (HSA), administered by Anthem Act Wise.

If you enroll in the HSA Plan, you'll receive a welcome kit and debit card from Anthem Act Wise. You can use the debit card to pay for eligible medical, dental and vision expenses, including copays and coinsurance. Visit actwise.anthem.com to learn about covered expenses, how to use your account, and how to track your transactions.

If you choose to enroll in the Anthem HSA Plan, be sure to complete the process of setting up your HSA as quickly as possible so as not to miss out on the County's quarterly contributions to your account. Your HSA is a personal bank account and requires the same identifying documentation as any other personal bank account you may have opened.

In accordance with the USA PATRIOT Act, federal law requires all financial institutions to obtain, verify and record information that identifies each individual or entity opening an account. Required identification will include a federal- or state-issued picture ID, your signed Social Security or ITIN card, and a recent utility bill, phone bill or bank statement verifying your current address. You will receive a letter from Anthem, detailing what is needed to open your account. Your timely response will ensure that the County's contributions, along with any pre-tax contributions you may have elected, are deposited in your HSA and available for use toward any medical, dental, and vision expenses you may have.

Not all medical expenses come by surprise. If you're managing an ongoing condition or have major health concerns, review each plan's annual deductible and out-of-pocket maximum to ensure you can afford to pay both in 2024. What works best for you and your family may change from year to year.

Highlights of the Health Savings Account:

- Fulton County makes pretax contributions to your HSA each financial quarter (1/26/2024; 4/26/2024; 7/26/2024; 10/25/2024). The amount depends on the coverage tier you choose—Employee, Employee + 1, or Family.
- You can also make pretax contributions to your HSA, up to annual IRS limits.
- The money in your HSA is always yours, even if you leave County employment. There’s no use-it-or-lose-it rule, so you can save the money for big medical expenses—for now or for the future.

The annual amount you and Fulton County contribute to your HSA is determined by the IRS:

Coverage Tier	Fulton County 2024 Quarterly Contribution	Fulton County 2024 Annual Contribution	2024 HSA Maximum Annual Contribution*	Your 2024 Maximum Annual Contribution*
Employee	\$187.50	\$750	\$4,150	\$3,400
Employee + 1	\$375	\$1,500	\$8,300	\$6,800
Family	\$375	\$1,500	\$8,300	\$6,800

*If you’ll be age 55 or older in 2024, you can make a “catch-up contribution” of up to \$1,000 in addition to your maximum annual contribution.

Want to make the most of your HSA? Use Grady Health System providers! Most services are covered 100% after you meet your annual deductible. To find a Grady Health System provider, visit gradyhealth.org/find-a-doctor.

Anthem POS Plan

The Anthem Point of Service (POS) Plan has a lower deductible and out-of-pocket maximum than the County’s other plans, plus you can receive care from in-network or out-of-network providers. Keep in mind that you’ll pay more when you see out-of-network providers. In-network providers are in the Anthem Blue Open Access POS network. You must meet the annual deductible before the plan begins paying benefits. Copays do **not** apply toward the deductible.

Anthem and Kaiser HMO Plans

Health Maintenance Organization (HMO) plans offer a managed approach to in-network care, typically for a fixed cost (a copay), but with less flexibility than the Anthem HSA and POS plans.

If you receive care out-of-network, you’re responsible for 100% of the cost, except in an emergency. You are not required to choose a primary care doctor for the Anthem HMO Plan.

For the Kaiser HMO Plan, you must select an in-network primary care physician (PCP). Your PCP manages all your care and must refer you for any specialty care you may need. Visit my.kp.org/fulton to view a list of in-network PCPs in your area. There’s no deductible for the HMO plans.

Note: If you don’t enroll through the ESS system for 2024 coverage, you and your currently enrolled dependents will be enrolled automatically in the Kaiser HMO Plan.

If you plan to enroll in the Anthem HMO Plan, it’s important to confirm your providers are in-network. To do so, visit:

- Anthem HMO Plan: anthem.com

Medical Plan Comparison

Below is a comparison of **what YOU pay** when you receive covered services.

Important: If you are enrolled in the Anthem POS or Anthem HMO Plan and use Grady Health System providers, services are covered 100% **without** paying a deductible. If you are enrolled in the Anthem HSA Plan and use Grady Health System providers, services are covered 100% **after** you pay your deductible.

		Anthem HSA Plan		Anthem POS Plan		Anthem HMO Plan	Kaiser HMO Plan
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network
Annual deductible	Employee	\$1,800	\$3,600	\$500	\$1,000	No deductible	No deductible
	Employee + 1	\$3,600	\$7,200	\$750	\$1,500		
	Family	\$3,600	\$7,200	\$1,000	\$2,000		
Annual out-of-pocket maximum	Employee	\$3,600	\$7,200	\$2,000	\$4,000	\$6,450	\$6,450
	Employee + 1	\$7,200	\$14,400	\$3,000	\$6,000	\$12,900	\$12,900
	Family	\$7,200	\$14,400	\$4,000	\$8,000	\$12,900	\$12,900
Coinsurance		10%	40%	20%	40%	100% covered	100% covered
Preventive care		100% covered, no deductible	40% after deductible	100% covered, no deductible	40%	100% covered	100% covered
Office visit		10% after deductible	40% after deductible	PCP: \$30 Specialist: \$50	40% after deductible	PCP: \$25 Specialist: \$40	PCP: \$25 Specialist: \$40
Emergency room		10% after deductible	10% after deductible	\$200 copay (waived if admitted)	\$200 copay (waived if admitted)	\$150 copay (waived if admitted)	\$150 copay (waived if admitted)
Urgent care		10% after deductible	40% after deductible	\$50 copay	40% after deductible	\$50 copay	\$50 copay
Inpatient hospital		10% after deductible	40% after deductible	20% after deductible	40% after deductible	\$250 copay	\$250 copay
Outpatient hospital		10% after deductible	40% after deductible	20% after deductible	40% after deductible	\$150 copay	\$150 copay
Outpatient lab and x-ray		10% after deductible	40% after deductible	20% after deductible	40% after deductible	100% covered	100% covered
Skilled nursing facility		10% after deductible	40% after deductible	20% after deductible	40% after deductible	100% covered, up to 120 days per year	100% covered, up to 120 days per year
Inpatient mental health		10% after deductible	40% after deductible	20% after deductible	40% after deductible	\$120 copay	\$120 copay
Outpatient mental health		10% after deductible	40% after deductible	20% after deductible	40% after deductible	\$25 copay	\$25 copay
Hearing aid benefit		10% after deductible	40% after deductible	20% after deductible	40% after deductible	100% covered, up to \$2,000 annual maximum	100% covered, up to \$2,000 annual maximum

Prescription Drug Coverage

When you enroll in an **Anthem plan**, you're automatically enrolled in prescription drug coverage through CarelonRX. You can fill prescriptions at a retail pharmacy that participates in the **CarelonRX** network (most do), or you can have your medication delivered to your home.

If you enroll in the **Kaiser HMO Plan**, your prescription drug benefits are provided through **Kaiser**.

The amount you'll pay for a prescription drug depends on the drug's tier and whether you fill the prescription at a retail pharmacy or by mail.

Drug Tiers

- **Tier 1: Generic drugs** are the lower-cost equivalents of brand-name drugs. They are approved by the U.S. Food and Drug Administration and have the same active ingredients, safety, dosage, quality and strength as their brand-name equivalents.
- **Tier 2: Preferred drugs** are brand-name drugs. They are more expensive than generic drugs but less expensive than non-preferred drugs.
- **Tier 3: Non-preferred drugs** are more expensive brand-name drugs.
- **Tier 4: Specialty and injectable drugs** are drugs used to treat complex, chronic conditions and may require special handling and/or management.

Formulary

Anthem Plans

Visit [anthem.com](https://www.anthem.com) to find the CarelonRX Prescription Drug List and to search for your medication. The search result will tell you the tier of your prescription. Anthem's website can also help you find generic alternatives to existing prescriptions, and FDA drug recalls and warnings.

Kaiser HMO Plan

Visit [kp.org](https://www.kp.org) to use the formulary lookup tool. It's available under **Health & Wellness > Tools for you > Pharmacy services > Manage your prescriptions > Helpful links > Covered drugs formulary list**.

What you'll pay

To see what you'll pay for medical and prescription drug coverage, review the **2024 BiWeekly Premium Rates: Active Employees** insert included with your guide.

Prescription Drug Plan Comparison

	Anthem HSA Plan		Anthem POS Plan		Anthem HMO Plan	Kaiser HMO Plans
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	In-Network
RETAIL (UP TO A 30-DAY SUPPLY)						
Generic	10% after deductible	40% after deductible	\$10 copay	40% after deductible	\$10 copay	\$10 copay
Preferred			\$35 copay		\$30 copay	\$30 copay
Non-preferred			\$60 copay		\$50 copay	\$50 copay
Specialty			\$100 copay		\$75 copay	\$75 copay
MAIL ORDER (UP TO A 90-DAY SUPPLY)						
Generic	10% after deductible	Not available	\$20 copay	Not available	\$20 copay	\$20 copay
Preferred			\$60 copay		\$60 copay	\$60 copay
Non-preferred			\$100 copay		\$100 copay	\$100 copay
Specialty			\$150 copay		\$150 copay	\$150 copay

Additional Prescription Drug Information for Anthem Plans

Mandatory Generics

When your doctor prescribes a prescription drug, ask if a generic version is available. If it is, but your doctor writes “Dispense as Written” (or “DAW”) on your prescription and your prescription is filled with the brand-name drug, you will pay more—you’ll pay the generic drug copay plus the difference in cost between the generic drug and the brand-name drug. Visit [anthem.com](https://www.anthem.com) to see if your brand-name drug has a generic equivalent.

Mail Order

You have the option to get your prescription medications delivered to your home instead of picking them up at the pharmacy. It’s easy to set up home delivery for the prescriptions you take long-term for conditions like diabetes or asthma. You’ll get a 90-day supply with free standard shipping. CarelonRx Home Delivery Pharmacy is the mail-order prescription drug pharmacy. To order a prescription for mail delivery:

- Visit [anthem.com](https://www.anthem.com) and select **Pharmacy**, or call the Pharmacy Member Services number at **833-270-6379**.
- Update your mailing address and phone number, if needed.
- Enter your credit card number or checking account information.
- Re-enroll for auto-refill, if needed.

Specialty Medications

Specialty Medications are high-cost medications used to treat complex long-term conditions like hepatitis C, cancer, immune deficiencies, certain inflammatory conditions and multiple sclerosis. These drugs may need special handling, such as temperature-controlled packaging and overnight delivery, and are often not available at retail pharmacies. If you’re ordering a specialty prescription, you may contact the CarelonRx (formerly IngenioRx) Specialty Pharmacy. The Care Team is available 24 hours a day, seven days a week at **833-255-0645**.

Dental Plan Options

Fulton County offers two dental plans for you and your eligible dependents:

- Aetna Dental HMO Plan
- Aetna Dental PPO Plan

To find an in-network dentist, visit Aetna’s website at [aetna.com/individuals-families/find-a-doctor.html](https://www.aetna.com/individuals-families/find-a-doctor.html).

Aetna Dental HMO Plan

Under the Aetna 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 network providers.

The plan pays benefits for preventive, basic and major care when provided by or referred by your primary care dentist (the exception is orthodontia—it’s covered, and you don’t need a referral for orthodontic care). **Benefits are not paid for care provided by or referred by out-of-network dentists, except in emergencies.**

This plan has the following advantages when compared with the Aetna Dental PPO Plan:

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

Aetna Dental PPO Plan

Under the Aetna Dental PPO Plan, you can receive benefits for care from in-network or out-of-network dentists. However, you’ll pay less for care received from in-network dentists. 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.

The Aetna Dental PPO network includes more providers than the Aetna Dental HMO network.

Dental Plan Comparison

	Aetna Dental HMO Plan	Aetna Dental PPO Plan	
	In-Network ONLY	In-Network	Out-of-Network*
Deductible	None	Single: \$50 Family: \$150	
Preventive services	100% covered	100% covered	100% covered PLUS any amount over the R&C
Basic services	100% covered	15%	15% PLUS any amount over the R&C
Major services	40%	50%	50% PLUS any amount over the R&C
Annual benefit maximum	None	\$1,500 per person	
Orthodontic services	No referral required. \$1,500 copay (for 2 years of treatment plus 2 years of follow-up)	Deductible: \$50 per person Lifetime maximum: \$1,500 per person	

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

What you'll pay

To see what you’ll pay for dental coverage, review the **2024 BiWeekly Premium Rates: Active Employees** insert included with your guide.

Vision Plan

Under the EyeMed Vision PPO Plan, 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.

To find a network provider, visit eyemedvisioncare.com or call **866-723-0596**.

Plan Details

Services	In-Network	Out-of-Network
Exam , once every 12 months	Plan pays 100%, up to \$50	Up to \$50 allowance
Lenses and frames , once every 12 months	Up to \$200 allowance*	Up to \$100 allowance
Contacts (instead of glasses and frames)	Up to \$200 allowance (or 100% if medically necessary)*	Up to \$160 allowance (up to \$200 if medically necessary)

*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.

What you'll pay

To see what you'll pay for vision coverage, review the **2024 BiWeekly Premium Rates: Active Employees** insert included with your guide.

Employee Assistance Program (EAP)

Even if you don't enroll in Fulton County medical plan coverage, you and your eligible family members have access to the EAP, which is administered by Anthem Blue Cross and Blue Shield of Georgia. The EAP provides 100% free, confidential, short-term assistance and counseling to help individuals resolve a variety of personal concerns. Your free EAP resources include:

- Toll-free telephone consultations and crisis management with a licensed mental health professional
- Up to **eight** face-to-face counseling sessions to address personal and/or work-related problems, including stress, depression, anxiety, health and wellness
- Legal services, including a 30-minute phone or in-person consultation with an attorney, as well as a 25% discount off normal attorney fees if additional services are required
- Customized resources and referrals for child care and senior care
- Access to the Anthem website with a library of articles on mental health, stress management, relationships, substance abuse, financial resources and more

EAP services are available 24 hours a day, seven days a week. Call **800-999-7222** or visit **anthemeap.com** (password: Fulton).

Long-Term Disability Coverage

Standard Insurance has replaced MetLife Insurance as the provider for Long-Term Disability effective January 1, 2023.

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, insured and administered by Standard Insurance provides additional financial security to you and your family if you become disabled and unable to work. **This valuable coverage is provided by Fulton County at no cost to you.**

Long-Term Disability coverage gives you financial security in the event a qualifying disability prevents you from being able to work full time. Coverage is for non-work-related illness or injury that lasts more than 180 days. After the 180-day waiting period, you may be eligible for a monthly benefit of up to 60% of your base pay, not to exceed the maximum monthly benefit amount of \$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 Fulton County benefits may be reduced by any income benefits from other sources.

Life Insurance

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance of \$50,000 is available to you for a biweekly before-tax premium of \$0.79.

Spouse Term Life Insurance of \$10,000 is available to cover your spouse for a biweekly after-tax premium of \$0.92. Proof of your spouse's good health is required.

Dependent Term Life Insurance coverage of \$10,000 is available for your dependent children (age 15 days to 26 years) on an after-tax basis. You'll pay a biweekly after-tax premium of \$0.92 for all dependent children. For dependent children from live birth to age 14 days, the benefit payable is \$100.

Supplemental Employee Term Life Insurance coverage through MetLife is available for you to purchase on an after-tax basis.

Supplemental Life coverage can be purchased in increments of \$25,000, up to \$300,000. If you enrolled in Supplemental Employee Term Life when initially eligible, you may purchase up to \$25,000 in additional supplemental life at annual enrollment without proof of good health, not to exceed the \$300,000 maximum. Coverage amounts higher than \$25,000 require proof of good health.

If you didn't purchase Supplemental Life coverage when initially eligible, you must provide proof of good health for any amount of coverage.

Additional MetLife Benefits

MetLife provides additional benefits at no cost to Fulton County employees enrolled in Basic or Supplemental Life Insurance. Contact MetLife at **800-438-6388** to access these services.

Benefit	Description
Funeral assistance	Work with compassionate counselors who assist with personalizing funeral arrangements in a comforting environment.
Funeral planning/discounts	Access the largest network of funeral homes and cemeteries, pre-plan with an advisor, and receive discounts on funeral services.
Digital legacy	Create your digital legacy with MetLife Infinity by capturing and securing important documents like deeds and wills, as well as photos and videos.
Grief counseling	Speak face to face with a licensed counselor to cope with a loss or major life change.
Will preparation*	Work one-on-one with an attorney in person or on the phone to prepare or update a will, or access will preparation services online.
Estate resolution services*	Settle an estate one-on-one or over the phone with an attorney.

*Only available to employees enrolled in Supplemental Life Insurance

Important Contacts

Plan/Service	Administrator	Phone	Website
Fulton County Benefits Office	NA	404-612-7605	fultoncountyga.gov
Preventive Services			
Anthem HSA Plan Group# GA6196M027 Anthem POS Plan Employee-Only Group# GA6196M017 Employee + 1 Group# GA6196M021 Family Group# GA6196M017 Anthem HMO Plan Group# GA6196H012	Anthem	800-474-2227 Pre-admission: 800-662-9023 Pre-certification and referral authorization: 800-722-6614 Mental health and substance abuse: 800-292-2879	anthem.com
Prescription Drugs	CarelonRx	800-474-2227	
Prescription Drug Mail-Order Program		833-270-6379	
Specialty Pharmacy		833-255-0645	
Health Savings Account (HSA Plan)	Anthem Act Wise	800-474-2227	actwise.anthem.com
Flexible Spending Account (FSA Plan)	Ameriflex – Aflac	888-868-3539	myameriflex.com
Kaiser Medical Plans			
Kaiser HMO Plan Group# 10216	Kaiser Permanente	404-239-6940	my.kp.org/fulton
Other Benefits			
Aetna Dental PPO Plan Group# 0842888/001 Aetna Dental HMO Plan Group# 0842888/003	Aetna	877-238-6200	aetna.com
EyeMed Vision PPO Plan Group# 9737461	EyeMed	866-723-0513	eyemedvisioncare.com
Long-Term Disability Insurance	Standard	800-368-1135	standard.com
Short-Term Disability Insurance	MetLife	General questions: 800-438-6388 Claims Center Support: 888-608-6665	metlife.com
Life Insurance Group# 026697			
Legal Plan			
Accident Plan	Aflac	800-433-3036	aflacgroupinsurance.com For claims: aflacgroupinsurance.com/customer-service/file-a-claim.aspx
Critical Illness Plan			
Hospital Indemnity Plan			
Whole Life Insurance			
Identity Theft Protection	LegalShield ID Shield	888-807-0407	benefits.LegalShield.com/fultonco
Employee Assistance Program	Anthem of Georgia	800-999-7222	anthemeap.com (password: Fulton)

