



CONSOLIDATED GOVERNMENT  
What progress has preserved.

# Columbus Consolidated Government

## Employee Benefits At A Glance 2018

### Medical – Blue Cross Blue Shield of GA

	BCBS Silver Plan	BCBS Gold Plan
Calendar Year Deductible		
• Single	\$2,000	\$1,000
• Family	\$4,000	\$2,000
Out-of-Pocket Maximum		
• Single	\$6,350	\$6,350
• Family	\$12,700	\$12,700
Coinsurance	80%	90%
Preventive Care	100% (no copay)	100% (no copay)
Office Visit Copay		
• Primary	\$30 (free at HWC)	\$20 (free at HWC)
• Specialist	\$40	\$30
Hospital/Inpatient Services	20% after deductible	10% after deductible
Emergency Room	\$200 + 20%	\$150 + 10%
Urgent Care	\$60 copay	\$60 copay
Pharmacy (retail 30 days)		
• Generic	\$20 copay	\$20 copay
• Brand	\$40 copay	\$40 copay
• Non-Preferred	\$60 copay	\$60 copay
• Specialty	\$150 copay	\$150 copay
• Lifestyle	50%	50%
Mail Order (90 days)		
• Generic	\$40 copay	\$40 copay
• Brand	\$80 copay	\$80 copay
• Non-Preferred	\$120 copay	\$120 copay

All medications are free when available at the HWC (Health & Wellness Center).



### Dental – Blue Cross Blue Shield of GA

	Low Plan	High Plan
Calendar Year Deductible		
• Single	\$50	\$50
• Family Max	\$150	\$150
Annual Benefit Maximum	\$1,000 Calendar Year	\$1,500 Calendar Year
Diagnostic/Preventive Services	100% Coverage (no deductible)	100% Coverage (no deductible)
Basic Treatment	70% Coverage (subject to deductible)	80% Coverage (subject to deductible)
Major Treatment	40% Coverage (subject to deductible)	60% Coverage (subject to deductible)
Orthodontia Services (Child Only)	Not Covered	50% Coverage Up To Lifetime Benefit Maximum of \$1,500

### Vision – Blue Cross Blue Shield of GA

	In-Network	Non-Network
Vision Exam	\$10 copay	Up to \$30 allowance
Contacts Fitting	Member cost up to \$55 with 10% off retail price	Not Covered
• Standard		
• Premium		
Contact Lenses		
• Elective	Up to \$130 allowance	Up to \$105 allowance
• Medically Necessary	Covered in full	Up to \$210 allowance
Standard Plastic Lenses		
• Single Vision	Covered in full after a \$10 copay	Up to \$25
• Bifocal		Up to \$40
• Trifocal		Up to \$55
Frames	Up to \$130 allowance; 20% off additional cost	Up to \$45 allowance
Benefit Frequency		
• Exam	Once every calendar year	
• Lenses	Once every calendar year	
• Frames	Once every other calendar year	

**2018 Wellness Program:** Employees enrolled in the medical plan will have the opportunity to earn 2 Wellness Days. If an eligible employee completes the Personal Health Assessment (PHA), a certificate for 1 Wellness Day will be earned. If based on the results of the PHA the employee requires Health Coaching, an additional Wellness Day can be earned by graduating from the Health Coaching Program or by fully complying. If you are fully compliant, your certificate will be granted after September 1, 2018. If you do not require health coaching you will automatically earn a certificate for the second Wellness Day. All certificates for Wellness Days must be redeemed by December 31, 2018.

To locate a medical or dental provider visit <http://www.bcbsga.com> and click on Find a Doctor.  
Call Blue View Vision toll-free at (866) 723-0515 with questions about vision benefits or provider locations

### Basic Life/AD&D – MetLife

Columbus Consolidated Government provides all eligible employees with Basic Life & AD&D Insurance in the amount of 1.5 times their base annual income (not to exceed \$250,000) at no cost.

### Supplemental Life/AD&D – MetLife

Eligible employees have the option to purchase additional term life insurance and AD&D. Employees can elect up to \$500,000 in \$10,000 increments. New Hires will have a guarantee issue amount of \$210,000 not to exceed 3 x your annual salary. All amounts over the guarantee issue amount will require an evidence of insurability form.

### Dependent Life/AD&D – MetLife

Eligible employees can purchase term life insurance and AD&D for their Spouse and Dependent Children as well. Coverage up to \$10,000 is available in \$2,000 increments. The cost per \$2,000.00 of coverage is \$0.72, a \$10,000 benefit would cost \$1.66 per pay period.

### Flexible Spending Accounts – Continuum

Employees have the ability to set aside pre-tax dollars into a Healthcare Flexible Spending account to be used for eligible healthcare, dental, or vision expenses. The maximum contribution amount for 2018 is \$2,600. Employees will receive a debit card from Continuum as a way of accessing funds. Employee also have the ability to set aside pre-tax dollars into a Dependent Care Flexible Spending account to be used for eligible dependent care expenses.

### Employee Assistance Program – Pastoral Institute

As a valued employee, you and your family have access to the EAP, at no cost to you. Through the Pastoral Institute, you and your family members can obtain a range of services, including confidential counseling, information, and personalized referrals to help you through difficult times or stressful situations.

### TeleMedicine – NewBenefits

Employees have the ability to purchase a benefit discount package that includes Telemedicine. The telemedicine benefit gives employees and their immediate family members with 24/7 access to a board-certified physician by phone or online video consult– anytime, anywhere in the U.S. with no copay. Physicians offer diagnosis, treatment options and prescription if necessary.

### Group and Individual Supplemental Benefits – Aflac

**Whole Life:** Employees can purchase Whole Life coverage up to \$100,000 for employees, \$50,000 for spouses, and \$25,000 for children.

**Critical Illness:** Employees can purchase a Critical Illness policy that pays out a lump sum amount upon diagnosis of a covered critical illness. Employees can election amounts up to \$50,000 for employees and \$25,000 for spouses. Children are automatically covered at 25% of the employee benefit amount.

**Hospital Indemnity:** Employees can purchase a Hospital Indemnity policy that provides employees with financial compensation for covered services based on a schedule of benefits.

### Tobacco Surcharge

A tobacco surcharge of \$50.00 per month or \$23.08 biweekly surcharge above the premium rate will apply to all employees that certify they are a tobacco user or fail to complete the Tobacco Attestation Form. Employees will have access to two free cessation programs and can avoid the surcharge by completing the program and providing Human Resources with a certificate of completion. Within one month of providing your certificate of completion to Human Resources, any surcharge premiums you have been deducted since January 1<sup>st</sup>, 2018 will be refunded. Please visit the Benefit Resource Center to obtain the Tobacco Attestation Form and to access important information regarding the Tobacco Cessation Programs offered.

### Online Enrollment Portal

Bswift is the platform for employee benefits enrollment. Here, you can enroll in your benefits, make information changes, update life events and get benefit information. Go to [www.columbusga.bsswift.com](http://www.columbusga.bsswift.com), your Username is the first letter of your first name followed by your last name and the last four digits of your SSN. Your password is the last four digits of your SSN.

### Payroll Deductions – Bi-Weekly

**\*The Tobacco Surcharge is not included in the medical payroll deductions listed below.**

### Benefit/Enrollment Questions

ShawHankins  
1-844-505-9158  
[www.shawhankins.com](http://www.shawhankins.com)

### Retiree Service Center

ShawHankins  
1-844-505-9458  
[www.shawhankins.com](http://www.shawhankins.com)

### Medical Benefits

Blue Cross Blue Shield  
1-855-397-9267  
[www.bcbsga.com](http://www.bcbsga.com)

### Pharmacy Benefits

PharmAvail  
1-800-933-3734  
[www.pharmavail.com](http://www.pharmavail.com)

### Dental Benefits

Blue Cross Blue Shield  
1-800-627-0004  
[www.bcbsga.com](http://www.bcbsga.com)

### Vision Benefits

Blue Cross Blue Shield  
1-866-723-0515  
[www.bcbsga.com](http://www.bcbsga.com)

### Life and A&D Benefits

MetLife  
1-800-638-5433  
[www.metlife.com](http://www.metlife.com)

### Whole Life, Critical Illness, & Hospital Indemnity

Aflac  
1-800-433-3036  
[www.aflacgroupinsurance.com](http://www.aflacgroupinsurance.com)

### Flexible Spending Accounts

Continuum Services LLC  
1-877-747-4141  
[www.csllc.com](http://www.csllc.com)

### Employee Assistance Program

Pastoral Institute  
1-800-649-6446  
[www.pastoralinstitute.org](http://www.pastoralinstitute.org)

### CCG Health and Wellness Center

CareATC  
1-800-993-8244  
[www.patients.careatc.com](http://www.patients.careatc.com)

Coverage Tier	Silver Plan	Silver Plan w/Spousal Surcharge	Gold Plan	Gold Plan w/Spousal Surcharge	Dental Low Plan	Dental High Plan	Vision
Employee	\$73.03	N/A	\$104.65	N/A	\$7.81	\$12.03	\$3.29
Employee + Spouse	\$137.29	\$302.05	\$196.74	\$361.50	\$15.63	\$26.64	\$5.74
Employee + Child(ren)	\$127.82	N/A	\$183.16	N/A	\$14.85	\$27.66	\$6.24
Employee + Family	\$202.31	\$367.07	\$289.90	\$454.66	\$23.45	\$42.69	\$9.52