

Medical – Anthem Blue Cross Blue Shield of GA

	Anthem BCBS Silver Plan	Anthem BCBS Gold Plan
Calendar Year Deductible	\$2,000	\$1,000
• Single	\$4,000	\$2,000
• Family		
Out-of-Pocket Maximum	\$6,350	\$6,350
• Single	\$12,700	\$12,700
• Family		
Coinsurance	80%	90%
Preventive Care	100% (no copay)	100% (no copay)
Office Visit Copay	\$40 (free at HWC)	\$30 (free at HWC)
• Primary	\$50	\$40
• Specialist		
Hospital/Inpatient Services	20% after deductible	10% after deductible
Emergency Room	\$200 + 20%	\$150 + 10%
Urgent Care	\$60 copay	\$60 copay
Imaging/Diagnostic	No cost at Columbus Diagnostic Center	No cost at Columbus Diagnostic Center
Pastoral Institute	No cost	12 Free Family Visits
Pharmacy (retail 30 days)	\$15 copay	\$15 copay
• Generic	\$40 copay	\$40 copay
• Brand	\$60 copay	\$60 copay
• Non-Preferred	\$150 copay	\$150 copay
• Specialty	50%	50%
• Lifestyle		
Mail Order (90 days)	\$30 copay	\$30 copay
• Generic	\$80 copay	\$80 copay
• Brand	\$120 copay	\$120 copay
• Non-Preferred		

2025 Wellness Incentive: Employees will have the opportunity to participate in the Wellness Incentive to receive no increase to payroll deductions for medical coverage. To complete participation in the Wellness Program, eligible employees must complete a Personal Health Assessment (PHA) and attending coaching sessions (if required). Your need for participation in the health coaching sessions will be determined by the results of your PHA. If you are found to have moderate to high-risk health factors based on the results of your PHA, then you will be required to attend health coaching sessions and remain compliant, as deemed by your health coach, in order for your participation in the Wellness Incentive to be considered complete. If you do not require health coaching your participating in the Wellness Incentive will automatically be considered completed. The deadline for completion of the PHA is October 18th. If you choose not to participate in the Wellness Incentive, you will see a 22% increase to medical payroll deductions. Employees that complete a PHA will also receive a one Wellness Day to be used prior to December 31, 2025.

Dental – Anthem 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 (now includes coverage on implants)	40% Coverage (subject to deductible)	50% Coverage (subject to deductible)
Orthodontia Services (Child Only)	Not Covered	50% Coverage Up To Lifetime Benefit Maximum of \$1,500

Vision – Anthem 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 for premium.	Not Covered
• Standard		
• Premium		
Contact Lenses	Up to \$130 allowance Covered in full	Up to \$105 allowance Up to \$210 allowance
• Elective		
• Medically Necessary		
Standard Plastic Lenses	Covered in full after a \$10 copay	Up to \$25 Up to \$40 Up to \$55
• Single Vision		
• Bifocal		
• Trifocal		
Frames	Up to \$130 allowance; 20% off additional cost	Up to \$45 allowance
Benefit Frequency	Once every calendar year	Once every calendar year
• Exam	Once every calendar year	Once every other calendar year
• Lenses		
• Frames		

To locate a medical or dental provider, visit <https://www.anthem.com/> and select Find A Doctor.
For questions about vision benefits, call Blue View Vision at (866)-723-0515.

Basic Life/AD&D – Aflac

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 – Aflac

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 guaranteed issue amount of \$200,000. All amounts over the guaranteed issue amount will require an evidence of insurability form.

Dependent Life/AD&D – Aflac

Eligible employees can purchase term life insurance and AD&D for their Spouse and Dependent Children as well. Spouses can get up to \$100,000 in increments of \$10,000 (some amounts may require health questions for approval). Children can get \$5,000 or \$10,000. You must enroll in Supplemental Life for yourself before you are able to cover your dependents.

Flexible Spending Accounts – Medcom

Employees can 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 2025 is \$3,200. Rollover amount for 2025 is increasing to \$640. Employees will receive a debit card from Medcom as a way of accessing funds. Employees also can 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 can 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 elect 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 \$75.00 per month or \$34.62 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 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 1st, 2025 will be refunded. Please visit the [Benefit Resource Center](#) to obtain the Tobacco Attestation Form and to access important information regarding the Tobacco Cessation Program: <https://shawhankinsbenefits.net/CCG/tobacco-surcharge/>.

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.bswift.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.

Benefit/Enrollment

Questions NFP Service Center
844-505-9158
nfpSEcustomerservice@nfp.com

Retiree Service Center

NFP Service Center
844-505-9458
nfpSEcustomerservice@nfp.com

Medical Benefits Anthem

Blue Cross Blue Shield
855-397-9267
www.bcbsga.com

Pharmacy Benefits

OptumRx
844-265-1719
www.optumrx.com

Dental Benefits Anthem

Blue Cross Blue Shield
800-627-0004
www.bcbsga.com

Vision Benefits Anthem

Blue Cross Blue Shield
866-723-0515
www.bcbsga.com

Life and A&D Benefits

Aflac
800-206-8826
www.aflacgroupinsurance.com

Whole Life, Critical Illness, & Hospital Indemnity

Aflac
800-433-3036
www.aflacgroupinsurance.com

Flexible Spending Accounts

Medcom
800-523-7542
www.medcombenefits.com

NewBenefits Telemedicine

MeMD
www.memd.me/feelbetter

Employee Assistance

Program Pastoral Institute
800-649-6446
www.pastoralinstitute.org

CCG Health and Wellness Center

CareATC
706-438-4595
www.patients.careatc.com

Per Pay Period Payroll Deductions –All benefits are deducted bi-weekly

	Silver Plan w/ wellness incentive	Silver Plan w/ Spousal & Wellness Incentive	Silver Plan w/o Wellness Incentive	Gold Plan w/ Wellness Incentive	Gold Plan w/ Spousal Surcharge & Wellness Incentive	Gold Plan w/o Wellness Incentive	Dental Low Plan	Dental High Plan	Vision
Employee	\$73.03	N/A	\$89.40	\$104.65	N/A	\$128.11	\$7.95	\$12.24	\$2.73
Employee + Spouse	\$137.29	\$302.05	\$168.07	\$196.74	\$361.50	\$240.84	\$15.90	\$27.11	\$4.77
Employee + Child(ren)	\$127.82	N/A	\$156.46	\$183.16	N/A	\$224.20	\$15.11	\$28.14	\$5.18
Employee + Family	\$202.31	\$367.07	\$247.66	\$289.90	\$454.66	\$354.86	\$23.87	\$43.44	\$7.91