

2017

City of
Marietta

2017 Benefits
Enrollment
Guide



January 1, 2017 –
December 31, 2017



Welcome to your new Employee Benefits Enrollment Guide. This guide is your summary of the benefit options that are available to eligible employees and retirees of the City of Marietta. Each benefit is designed to protect your health and well-being as well as provide valuable financial protection.

Each section of the Employee Benefits Enrollment Guide is structured to provide you with plan highlights as well as detailed, descriptive instructions to assist you in navigating through the web-based enrollment portal.

While the Employee Benefits Enrollment Guide is an important component in the benefit communication process, your dedicated ShawHankins service team continues to provide annual enrollment meetings in addition to being available for questions and concerns regarding benefits throughout the plan year.

Please review the plans contained in the Employee Benefits Enrollment Guide and see how these plans can work for you and your eligible dependents. Your participation in the plans is voluntary. The benefit plans have been chosen to provide a continuation of protection that complements the City of Marietta's leave policies and retirement plans. The plan year is in effect from January 1, 2017 to December 31, 2017.

This Employee Benefits Enrollment Guide is intended for orientation purposes only. It is an abbreviated overview of the plan documents. Please refer to the Certificate Booklet (the contract) available from the plan carriers for complete details. Your Certificate Booklet will provide detailed information regarding copayments, coinsurance, deductibles, exclusions and other benefits. The certificate booklet will govern should a conflict arise relating to the information contained in this summary. This summary does not establish eligibility to participate in or receive benefits from any benefit plan.

NOTICE: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 39 for more details.

Table of Contents

Table of Contents	Page
Open Enrollment Memo	4
Open Enrollment Schedule	5
Schedule an Appointment	6
Before You Enroll	7
How to Enroll	8 - 9
Eligibility and Qualifying Events	10
Medical Benefits	11 – 16
Pharmacy Benefits	17-18
Clinic Information	19
Preventive Care	20-21
Wellness Program	22-23
Dental Benefits	24-26
Vision Benefits	27
Life Insurance	28-30
Disability Benefits	31
Flexible Spending Accounts	32
Whole Life	33
Group Critical Illness	34
Group Accident	35
Legal Services	36
Medicare Information	37
Smoking Cessation	38
Prescription Drug & Medicare Notice	39
Disclosure Notices – CHIP	40-41
Disclosure Notices Continued	42
ShawHankins Call Center	43
Contact Information	44

This guide describes the benefit plans available to you as an eligible Employee of City of Marietta. The details of these plans are contained in the official Plan Documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Descriptions (SPD).

If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the Plan Documents, the formal wording in the Plan Documents will govern.

Please note the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of City of Marietta and ShawHankins.

Open Enrollment Memo

The City of Marietta will be holding our annual Open Enrollment beginning October 24, 2016, through November 11, 2016.

We continually strive to provide employees with choices of quality health care plans that provide competitive benefits and coverage for employees and their families, while at the same time, managing the cost of these plans so they are affordable for both our employees and the City of Marietta.

Like most employers, managing healthcare costs and analyzing the future impact of Health Care Reform continue to be great challenges for City of Marietta. While some factors that contribute to our rising health care costs are related to government mandates such as provisions of Health Care Reform, other factors are a direct result of the healthcare choices or decisions that plan members make. The upcoming health fair provides a great opportunity for you to explore lifestyle changes that may enhance your quality of your life.

Please remember Open Enrollment is your annual opportunity to:

- Compare plan designs and plan costs and determine which benefit plans will best suit your needs for the upcoming plan year.
- Make changes such as:
 - enrolling in a plan for the first time
 - adding or dropping dependents
 - switching health plans
 - modifying the nature of your coverage (i.e., adding dental coverage).

The elections you make during Open Enrollment will become effective with the new plan year beginning January 1, 2017.

Aside from a few changes to the prescription drug benefits, there will be no changes to your benefit plans this year. If you do not make any changes, you will continue with your current plan elections and coverage tiers. The only exception is for the Flexible Spending Accounts. You must make an election for the 2017 plan year in order to continue your participation in the Flexible Spending Accounts.

Elections and changes will be processed through BSWIFT, our online enrollment system serviced by ShawHankins. It's as easy as visiting the website, <http://cityofmarietta.bswift.com>. Employees will be able to review their current benefits and other important plan information.

Please take the time to carefully weigh the plans available, and choose the option that is best for you. If you have questions or need assistance, please contact your HR Department. **HR and ShawHankins will be available at the Educational Meetings October 24 – 28 and on November 1- 4 to assist with enrollment and questions.**

If you would like assistance with making a change to your benefits or you simply have questions, please don't hesitate to sign-up for an appointment with a ShawHankins Benefit Counselor. You can also make your election changes online on your own or with the support of the ShawHankins Call Center at 800-994-7429. You can view plan documents, contact information, and additional benefit information on the Benefit Resource Center site at www.shawhankinsbenefits.net/cityofmarietta.

Open Enrollment Schedule

ShawHankins will be conducting several educational meetings, as outlined in the schedule below, during the first week of open enrollment. While these meetings are not mandatory, you are encouraged to attend.

If you would like assistance with making a change to your benefits, help with reviewing your current benefits or you simply have questions, please don't hesitate to sign-up for an appointment with a ShawHankins Benefit Counselor. They will be available per the below schedule. You can also make your election changes online on your own or with the support of the ShawHankins Call Center.

We highly recommend that employees at least log-on to Bswift and review your demographic and benefit information, as well as your beneficiaries for the Life insurance. Also, please remember your FSA elections do not roll-over each year, so you must re-enroll to continue your participation.

Educational Meeting Calendar		
Date	Time	Location
October 24, 2016	9:00am – 10:00am	Fire Station Training Room B/C
	11:00am – 12:00pm	Council Chamber
	2:00pm – 3:00pm	Public Works
October 25, 2016	7:00am – 8:00am	BLW Water Break Room at 627 N. Marietta Parkway
	9:00am – 10:00am	Fire Station Training Room B/C
	11:00am – 12:00pm	Council Chamber
	1:00pm – 2:00pm	Council Chamber **RETIREES ONLY**
	2:00pm – 3:00pm	Public Works
October 26, 2016	7:00am – 8:00am	BLW Electrical Break Room at 627 N. Marietta Parkway
	9:00am – 10:00am	Fire Station Training Room B/C
	10:00am – 11:00am	BLW Administration 2 nd Floor Training Room at 675 N. Marietta Parkway
	11:00am – 12:00pm	Council Chamber
	2:00pm – 3:00pm	Public Works
	3:00pm – 4:00pm	BLW Administration 2 nd Floor Training Room at 675 N. Marietta Parkway
October 27, 2016	9:00am – 10:00am	Council Chamber
	11:00am – 12:00pm	Council Chamber
	2:00pm – 3:00pm	Public Works

Enrollment Assistance Calendar		
Date	Time	Location
October 31, 2016	8:00am – 3:00pm	Fire Department
November 1, 2016	8:00am – 5:00pm	Custer Park
November 2, 2016	8:00am – 5:00pm	Custer Park
November 3, 2016	8:00am – 5:00pm	Custer Park
November 4, 2016	8:00am – 3:00pm	Fire Department

Enrollment Support – How do I schedule an appointment?

To schedule an appointment with a ShawHankins Benefit Counselor, please click on the following link [City of Marietta Enrollment Appointment](#)

or go to

<https://app.acuityscheduling.com/schedule.php?owner=11620735&calendarID=705110>

Choose Appointment Your Info Confirmation

Enrollment Appointments

Please use the below calendars to schedule your appointment with a ShawHankins Benefit Counselor. They will assist you with the enrollment process and answer any questions you have on the benefits. Please note, there are multiple dates available to schedule your appointment.

I would like to schedule a 20 minute enrollment appointment

- 20 Minute Enrollment - Fire Department
20 minutes
- 20 Minute Enrollment - Custer Park
20 minutes

Choose your Appointment Date & Time

Choose Appointment Your Info Confirmation

Enrollment Appointments


Please use the below calendars to schedule your appointment with a ShawHankins Benefit Counselor. They will assist you with the enrollment process and answer any questions you have on the benefits. Please note, there are multiple dates available to schedule your appointment.

20 Minute Enrollment - Custer Park
20 minutes

< **November 2016** >

M	T	W	Th	F	S	S
	1	2	3	4	5	6

Enter your information then click "Complete Appointment", you will then see your confirmation.



Tom Test
20 Minute Enrollment - Custer Park
Wednesday, November 2, 2016
8:20am EDT
City of Marietta

Add to Calendar

Add to iCal/Outlook

Add to Google

Before You Enroll – Things to Know

How to Enroll in Benefits for the 2017 Plan Year

Employees will enroll in or make changes to all benefits through the BSWIFT enrollment portal. Employees will access this online system by going directly to www.cityofmarietta.bswift.com.

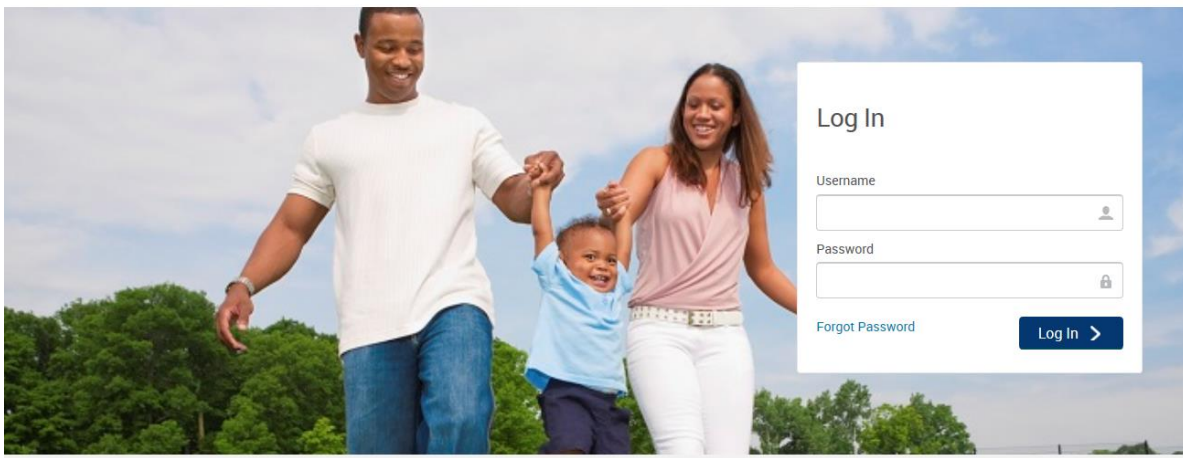
Please follow these directions for the benefits enrollment:

- Your username is your First initial, Last name and Year of birth
- Your password is your employee ID
- Once logged in you will be prompted to create a new password.
- At this point you are ready to update your information and enroll in your benefits. Please be sure to have your reference materials on hand for review. It is very important that you have the names, dates of birth and SSNs for your family members on hand for the enrollment as you will need to enter this information into the system
- You will need to make sure all your personal information is up to date, including your address, phone number, and email address.
- All plan documents are located in the document center on the BSWIFT portal.

ShawHankins and the Human Resources staff will be available to assist employees during the Enrollment Assistance Period October 31 to November 4. The Enrollment Assistance Period is part of the larger open enrollment from October 24 through November 11.

If you do not make elections through the online system, your coverage will roll over for the 2017 plan year. You will not be permitted to make changes after the open enrollment period, unless you experience a qualifying event.

If you wish to participate in the health care and/or dependent care flexible spending accounts during calendar year 2017, you must make your elections. Even if you participated in these plans during calendar year 2016, your deductions will default to \$0 for 2017 unless you re-enroll. Please contact the Human Resources Department or ShawHankins at 800-994-7429 should you have any questions.



How To Enroll Online

To Begin:

- 1) From the "Home Page" click on the "Start Your Enrollment" link, to begin the election process. Make sure you go to "My Profile" before you begin the enrollment process to confirm your demographic and dependent information , as well as add any new dependents.

[Preferences](#) [Change Password](#) [Log Out](#)

Welcome to your enrollment!

Enrollment Deadline **10/21/2016**

Your Status **Not Started**

[Start Your Enrollment](#)

- 2) To select or change your current election, select the View Plans button for the corresponding benefit.

You are now eligible to make changes to your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

	Medical	NO PLAN SELECTED
<input type="text"/>		I don't want this benefit (waive) View Plan Options
	Spousal Surcharge	NO PLAN SELECTED
<input type="text"/>		I don't want this benefit (waive) View Plan Options
	Dental	NO PLAN SELECTED
<input type="text"/>		I don't want this benefit (waive) View Plan Options

Your Info

Your Benefits

3 Enroll

4 Complete

Your Cost per pay period: **\$0.00**

Finished selecting benefits? Click the button below to continue.

[Continue](#)

- 3) Select the dependents you wish to cover under that particular benefit plan. Then click on the Continue button.

Medical

Who will be covered by this plan?

John Test
Employee

Jane Test
Spouse

[+ Add Dependents](#)

[Back](#) [Continue](#)

[Privacy Policy](#) | [Browser Requirements](#) | Technology powered by bswift

- 4) Click on View Plan Details to see details for the corresponding plan. After making a decision, choose the appropriate tier using the drop down menu, then click the Select button under the chosen plan.

[View All Plans Side-by-Side](#)




Blue Choice HMO
BLUE CROSS BLUE SHIELD OF GA
[View plan details](#)

Your Cost per pay period:
\$71.02
Tier: Employee

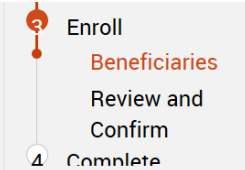
[Select](#)

How to Enroll Online

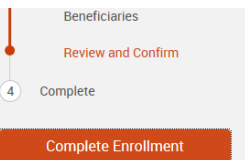
5) Repeat this process for all remaining benefits. Please take note that your per pay period deductions will total on the right hand side as you continue through the enrollment process. Once you have finished selecting benefits, click the Continue button on the right hand side.

 Dental	NO PLAN SELECTED	Your Cost per pay period \$71.02
<input type="text"/>	<input type="button" value="I don't want this benefit (waive)"/> <input type="button" value="View Plan Options"/>	
 Vision	NO PLAN SELECTED	
<input type="text"/>	<input type="button" value="I don't want this benefit (waive)"/> <input type="button" value="View Plan Options"/>	Finished selecting benefits? Click the button below to continue.
 Basic Employee Life	<input type="text" value="\$0.00"/> <input type="button" value="v"/> Your Cost per pay period	<input type="button" value="Continue"/>

6) Make your beneficiary designations or confirm your current designations, and once finished click on the Continue button.


Primary Beneficiaries (required)	 Your Cost per pay period \$0.00 <input type="button" value="Continue"/>								
<table><thead><tr><th>Name</th><th>Percentage</th></tr></thead><tbody><tr><td>My Estate (Employee)</td><td><input type="text" value=""/> %</td></tr><tr><td>Jane Test (Spouse)</td><td><input type="text" value="100.00"/> %</td></tr><tr><td>James Test (Sibling)</td><td><input type="text" value=""/> %</td></tr></tbody></table>		Name	Percentage	My Estate (Employee)	<input type="text" value=""/> %	Jane Test (Spouse)	<input type="text" value="100.00"/> %	James Test (Sibling)	<input type="text" value=""/> %
Name		Percentage							
My Estate (Employee)		<input type="text" value=""/> %							
Jane Test (Spouse)		<input type="text" value="100.00"/> %							
James Test (Sibling)	<input type="text" value=""/> %								
Total: 100%									
<input type="button" value="+ Add New Beneficiary"/>									
<input checked="" type="button" value="v Add Secondary Beneficiaries (optional)"/> Secondary beneficiaries receive money if your primary beneficiaries are									

7) Review all your selections for accuracy. Once you have completed your review, click inside the box next to I agree and I'm finished with my enrollment. Next click on the Complete Enrollment button.

<p>Once You've Reviewed All Your Selections:</p> <p>Participation</p> <p>I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions are required for this coverage, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (before tax dollars) unless I submit a declination election. I reserve the right to revoke this deduction authorization at any time upon written notice.</p> <p><input type="checkbox"/> I agree, and I'm finished with my enrollment.</p>	 <input type="button" value="Complete Enrollment"/>
---	---

8) Once you have successfully completed your enrollment, you will see the confirmation above. You will now have the option to view, print, or email your benefit confirmation statement.

Your enrollment is complete!

 You may make changes to your elections until: **October 21, 2016**

You have completed your enrollment. Click the Print icon to print out a copy of your Confirmation Statement for your records or the Email icon to email yourself a copy of the Statement. If you would like to make changes to your enrollment, click on the plan's Edit Selection button.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.



**Eligibility:**

Active Full Time Employees of the City of Marietta are eligible for all benefits. Eligible retirees may receive health benefits and flexible ancillary benefits.

Spouses and dependent children of the employee are also eligible to participate in our benefit plans. Dependent children include natural children, legally adopted, stepchildren, and children for whom the employee has been appointed guardian.

Eligible Dependents are classified as:

- Your legal spouse who resides in the United States.
- Child/stepchild/legal dependent child.

Your child can be covered on the medical and ancillary benefits to age 26. If your dependent child is approaching 26 and is disabled, an application for continuation of dependent status must be made within 30 days of the child's 26th birthday.

Qualifying Events: (refer to your Summary Plan Description - Special Enrollment Rights)

Most benefit deductions are withheld from your paycheck on a pre-tax basis and therefore your ability to make changes to these benefits is restricted by the IRS under Section 125.

- Once your elections become effective, you will not be able to change your elections until the next annual enrollment period unless you experience an eligible qualifying event.
- Examples of qualifying events include: a change in marital status; a change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent; a change in employment status for yourself or spouse; loss or gain of coverage through your spouse; a change in dependents eligibility.
- You must notify the HR Department, provide proof of your qualifying event, and enroll within 30 days from the effective date of the qualifying event.
- Please contact ShawHankins at 800-994-7429 to speak with a Benefit Consultant regarding enrollment due to a Qualifying Event.

Medical Benefits – Administered by BCBS

Although we don't plan on getting sick or injured, most of us generally will need some type of medical care or attention. Medical insurance is important to assist in paying for medical expenses, whether they are expected or unexpected.

The City of Marietta offers a national POS plan through Blue Cross Blue Shield of Georgia. Grandfathered employees may choose to continue enrollment in the Blue Cross Blue Shield PPO plan.

Plan Provisions	BCBS POS Plan
Lifetime Maximum	Unlimited
Deductible (Individual / Family)	\$750 / \$2,250
Annual Out of Pocket Maximum (consists of deductible, coinsurance, medical co-pays, and prescription copays)	\$6,600 / \$13,200
Coinsurance	80% Plan / 20% Member
Preventive Care:	
Immunizations	100% (no copay)
Pap Smear / Mammography / Prostate Screening	100% (no copay)
Office Visits:	
Primary Care	\$35 copay
Specialist	\$40 copay
Hospital/Inpatient Services	Plan pays 80% after deductible
Hospital/Outpatient Services	Plan pays 80% after deductible
Emergency Room (waived if admitted)	\$200 copay
Urgent Care	\$75 copay

Some employees have expressed concerns regarding the availability of the Blue Cross Blue Shield network outside of Georgia. Well there is great news! Open Access POS plan members are able to access the national BlueCard PPO network. With this national network, you will receive the same in-network benefits with any participating BlueCard PPO provider, regardless of location. The BlueCard PPO network gives employees access to doctors, hospitals, and other health care providers across the country.

How to locate a BCBS Doctor nationwide;

- Visit www.bcbs.com
- Click on “**Find a Doctor or Hospital**” located at the top of the screen.
- Choose BlueCard PPO Basic network
- Then, to find a doctor, hospital, or other health care provider and corresponding map with directions, simply follow the steps outlined on the screen.

Medical Benefits – Administered by Aetna

The Aetna Medicare Advantage PPO plan combines Medicare parts A, B and D and supplemental medical coverage, so you don't have to manage separate plans with multiple member ID cards.

Plan Provisions	Medicare Advantage Plan PPO Network
Lifetime Maximum	Unlimited
Deductible (Individual / Family)	None
Annual Out of Pocket Maximum	\$2,400 Per Person
Coinsurance	80% Plan / 20% Member
Preventive Care:	
Immunizations	100% (no copay)
Pap Smear / Mammography / Prostate Screening	100% (no copay)
Office Visits:	
Primary Care	\$5 copay
Specialist	\$10 copay
Hospital/Inpatient Services	\$250 per admit copay
Hospital/Outpatient Services	\$100 copay
Emergency Room (waived if admitted)	\$65 copay
Urgent Care	\$35 copay
Prescription Drugs:	
Tier 1	\$10 copay
Tier 2	\$25 copay
Tier 3	\$40 copay
Mail Order – 90 day supply	2 x copay

*80% coinsurance only applies to certain services like dialysis, most others are covered 100% after the applicable copay. Please see plan details.

Medical Benefits Continued

Plan Provisions	BCBS PPO Plan – Grandfathered Employees	
Key Benefit	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	
Deductible (Individual / Family)	\$800 / \$2,400	\$1,200 / \$3,600
Annual Out of Pocket Maximum (consists of deductible, coinsurance, medical co-pays, and prescription copays)	\$6,600 / \$13,200	No Maximum
Coinsurance	80% Plan / 20% Member	70% Plan / 30% Member
Preventive Care:		
Immunizations	100% (no copay)	Plan pays 70% after deductible
Pap Smear / Mammography / Prostate Screening	100% (no copay)	Plan pays 70% after deductible
Office Visits:		
Primary Care	Plan pays 80% after deductible	Plan pays 70% after deductible
Specialist	Plan pays 80% after deductible	Plan pays 70% after deductible
Hospital/Inpatient Services	Plan pays 80% after deductible	\$300 copay then Plan pays 70% after deductible
Hospital/Outpatient Services	Plan pays 80% after deductible	Plan pays 70% after deductible
Emergency Room	Plan pays 80% after the deductible	
Urgent Care	Plan pays 80% after deductible	Plan pays 70% after deductible



Medical Benefits Continued

Active Employee POS
Hired Prior to November 1, 2006

Weekly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$0.00	\$14.27	\$11.41	\$26.15
Monthly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$0.00	\$61.84	\$49.44	\$113.32

Active Employee POS
Hired November 1, 2006 or Later

Weekly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$11.84	\$27.06	\$24.01	\$38.00
Monthly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$51.31	\$117.26	\$104.04	\$164.67

Active Employee PPO
Hired Prior to November 14, 1996

Weekly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$0.00	\$45.23	\$36.18	\$89.55
Monthly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$0.00	\$196.01	\$156.79	\$388.07



Health Benefit Waiver Option:

The Health Benefit Waiver Option is a choice you can make to waive health insurance and dental coverage under the City's health insurance plan, and instead receive \$300 per year (single coverage) or \$500 per year (family coverage) from the City. This amount will be deposited into the Flexible Benefits Reimbursement account in your name to help pay for qualified out of pocket medical expenses incurred by you or your family members. In order to qualify to participate in this plan, you must have health insurance coverage from another provider and show proof of that coverage. After providing proof of other health insurance coverage, you and any covered family member must sign a waiver of COBRA coverage.

To enroll, complete a Health Benefit Waiver Option Agreement form and submit to the Benefits Division.

Retiree Medical Premiums

(Note: Premiums may differ based on date of hire, years of service, and year of retirement.)

Non-Medicare eligible, hired prior to August 14, 1991

Plan Type	Monthly Premium	Comments
Single POS	\$0	City pays 100% Single POS and Single PPO. Family rate is paid by employee 100%, but frozen at retirement.
Family POS	\$700.00	
Single PPO	\$0	
Family PPO	\$2,016.00	

Non-Medicare eligible, hired August 14, 1991-October 31, 2006

**Employees hired November 14, 1996-October 31, 2006, are not eligible for PPO*

Plan Type	Monthly Premium	Comments
20 + years of service		
Single POS	\$0	City pays 100% Single POS and Single PPO if hired 8/14/91-11/13/96. Family rate is paid by employee 100%, but frozen at retirement.
Family POS	\$700.00	
Single PPO*	\$0	
Family PPO*	\$2,016.00	
15-19 years of service		
Single POS	\$96.23	City pays 80% Single POS and Single PPO if hired 8/14/91-11/13/96. Single rate is frozen at retirement. Family rate is paid by employee 100%.
Family POS	\$700.00	
Single PPO*	\$179.03	
Family PPO*	\$2,016.00	
10-14 years of service		
Single POS	\$240.58	City pays 50% Single POS and Single PPO if hired 8/14/91-11/13/96. Single rate is frozen at retirement. Family rate is paid by employee 100%.
Family POS	\$700.00	
Single PPO*	\$447.56	
Family PPO*	\$2,016.00	
<10 years of service		
Single POS	\$481.17	Employee pays 100% for single and family rates.
Family POS	\$1,539.76	
Single PPO*	\$895.13	
Family PPO*	\$2,864.39	

Retiree Medical Premiums Continued

(Note: Premiums may differ based on date of hire, years of service, and year of retirement.)

Non-Medicare eligible, hired after October 31, 2006

Plan Type	Monthly Premium	Comments
20+ years of service Single POS Family POS	\$72.17 \$1,539.76	City pays 85% Single POS (rate not frozen at retirement). Family rate is paid by employee 100%.
10-19 years of service Single POS Family POS	\$481.17 \$1,539.76	Employee pays 100% for single and family rates.
<10 years of service	N/A	Not eligible to purchase insurance

Medicare eligible, Aetna Medicare Advantage (PPO)

Hired between August 14, 1991, and October 31, 2006

Plan Type	Monthly Premium
20 + years of service* Retiree Spouse	\$0 \$315.07
15-19 years of service Retiree Spouse	\$63.01 \$315.07
10-14 years of service Retiree Spouse	\$157.53 \$315.07
<10 years of service Retiree Spouse	\$315.07 \$315.07

*= Also includes those hired before August 14, 1991

Hired after October 31, 2006

Plan Type	Monthly Premium
20 + years of service* Retiree Spouse	\$47.26 \$315.07
10-19 years of service Retiree Spouse	\$315.07 \$315.07
<10 years of service Retiree Spouse	Ineligible Ineligible

RX Coverage – Administered by PharmAvail

PharmAvail- Prescription Drug Benefit	BCBS POS Plan	BCBS PPO Plan
RX Calendar Year Deductible	None	\$200 per person / \$600 max per family
Retail Pharmacy 30 Day Supply		
Tier 1 – Generic Drugs	\$10	20%
Tier 2 – Preferred Drugs	\$40	25%
Tier 3 – Non-Preferred Drugs	\$65	30%
Tier 4- Specialty Drugs	20% to \$400 max	30%
Tier 5 – Non-Preferred Specialty Drugs	10%	10%
Mail Order Pharmacy 90 Day Supply		
Tier 1 – Generic Drugs	\$20	Co-insurance applies
Tier 2 – Preferred Drugs	\$80	
Tier 3 – Non-Preferred Drugs	\$130	
Tier 4- Specialty Drugs	Not Available	
Tier 5 – Non-Preferred Specialty Drugs	Not Available	



Mail Order Program- You will now be able to fill your 90 day prescriptions through a mail order program with MedVantx. This program will allow you the convenience of having your maintenance medications shipped to your home or PO box. You will also be able to save in your copay expenses by utilizing the mail order program. On the POS plan you will pay 2 x's the 30 day copay instead of 3 x's for a 90 day supply. *Please note that there will no longer be a cost savings for 90 day supplies filled at a retail pharmacy. If you choose to fill a 90 day supply at a retail pharmacy you will pay the full 3 x's copay.

-Registration options:

-Register with MedVantx over the phone 866-744-0621

-Register online at MedVantxRx.com

-Complete registration form

-Obtaining your prescription:

-MedVantx can contact your physician for you

-You can obtain a prescription from your physician and send it to MedVantx by mail

-Your physician can send a prescription to MedVantx by fax or through electronic prescribing.

-Be sure to ask your physician to write the prescription for a 90 day supply with three refills and authorize a one year supply (when appropriate)

Proton Pump Inhibitors will no longer be covered under the pharmacy benefits. Nearly all drugs in this class have been granted over the counter status by the FDA. These include Nexium, Prilosec, Protonix, Prevacid, Zegerid and their generic counterparts. You will be able to receive the same medications by purchasing them over the counter.

Specific higher priced medications that have a lower cost therapeutic equivalent available will no longer be covered. These include Sklice, Acanya, Aczone, Lyrica, Pristiq, Vytorin, Zetia, Julia, Glumetza, Crestor, Restasis, and Zinna.

Specialty medications will now have a 20% member cost share, up to a maximum of \$400 per script fill.

Non-Preferred Specialty medications will now have a 10% member cost share, with no maximum.

Patient Pays Difference Program any member utilizing a brand name drug with a generic alternative available, will now be responsible for the difference in cost.

H.P. Acthar Gel will no longer be covered for non-grandfathered members after June 1, 2017.

Medical Center

Be Healthy: Wellness and Health Care Support

City of Marietta cares about the health of you and your family! That's why we offer comprehensive coverage for wellness benefits and health care support when you need it. Take advantage of these programs to keep you and your family healthy throughout the year:



Preventive exams – covered under the health care plans at 100%! Take action and proactively manage your health before a serious medical condition occurs.



Schedule an appointment 24 hours a day- by calling 1-877-423-1330 or online at www.carehere.com (access code CMGC3)



Employee Medical Center-

- Primary, urgent and preventive care
- Laboratory testing
- Flu shots
- Treatment for chronic health conditions

City of Marietta Employee Clinic:

Location

268 Lawrence Street NE, Marietta, GA 30060

Hours of Operation

Mondays:	8am-5pm
Tuesdays:	7am-1pm
Wednesdays:	8am-2pm
Thursdays:	8am-2pm
Fridays:	8am-1pm
Saturdays:	8am-12pm



What are the benefits to you?

- No more long stays in the waiting room
- No out of pocket expense
- Increased convenience and access
- More one-on-one time with the doctor



Care Here!

Preventive Services

Remember to get preventive care!

Getting regular checkups and exams can help you stay well and catch problems early. It may even save your life.

Our health plans covers 100% of the services listed in this preventive care section, when you get these services from in-network physicians.

Preventive versus diagnostic care

What's the difference?

- Preventive care helps protect you from getting sick.
- Diagnostic care is used to find the cause of existing illnesses.

For example, if your doctor suggests you have a cancer screening because of your age, that's preventive care. On the other hand, if your doctor suggests a screening or testing to see what's causing your symptoms, that's diagnostic care and you may need to pay part of the cost.

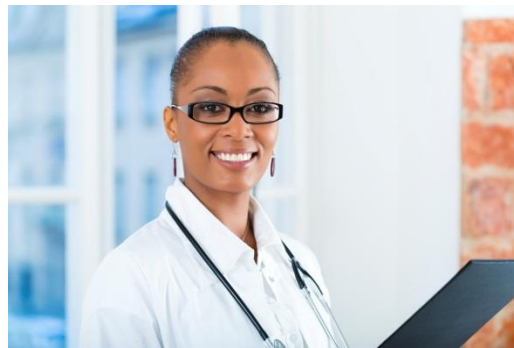
Adult preventive care (19 years and older)

Preventive care physical exams are covered. So are the screenings, tests and vaccines listed here. The preventive care services listed below may not be right for every person. Ask your doctor what's right for you.

Here is an overview of the types of preventive services.

Child Preventive Services (birth through 18 years)

Preventive care physical exams are covered. So are the screenings, tests and vaccines listed here. The preventive care services listed below may not be right for every person. Ask your doctor what's right for you.



Screening Tests (depending on age) May Include:	Immunizations:
Behavioral counseling to promote a healthy diet	Diphtheria, tetanus and pertussis (whooping cough)
Blood Pressure	Haemophilus influenza type B (Hib)
Cholesterol and lipid level	Hepatitis A
Depression	Hepatitis B
Development and behavior	Human papilloma virus (HPV)
Hearing	Influenza (flu)- Vaccines also available from PCPs or Pharmacies
Height, weight and body mass index (BMI)	Measles, mumps and rubella (MMR)
Hemoglobin or hematocrit	Meningococcal (meningitis)
Lead Testing	Pneumococcal (pneumonia)
Newborn	Polio
Obesity, including counseling	Rotavirus

Preventive Services Continued

Preventive physical exams

Screening tests and services (depending on your age) may include

- Aortic aneurysm screening (men who have smoked)
- Blood pressure
- Bone density test to screen for osteoporosis
- Breast cancer, including exam and mammogram
- **Breastfeeding support, supplies and counseling (female)**
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and CT colonography (as appropriate)
- **Contraceptive (birth control) counseling and FDA-approved birth control methods that need a prescription (female)**
- Depression
- Eye chart test for vision
- Hearing
- Height, weight and BMI
- HIV screening
- **HPV (female)**

Intervention services (includes counseling and education):

- Behavioral counseling to promote a healthy diet
- Counseling related to aspirin use for the prevention of cardiovascular disease (does not include coverage for aspirin)

- Genetic counseling for women with a family history of breast or ovarian cancer
- Primary care intervention to promote breastfeeding
- Screening and behavioral counseling related to alcohol misuse
- Screening and behavioral counseling related to tobacco use
- Screening and counseling for interpersonal and domestic violence
- Screening and counseling for obesity
- Pelvic exam and Pap test, including screening for cervical cancer
- Prostate cancer, including digital rectal exam and PSA test
- Screenings during pregnancy (including, but not limited to, gestational diabetes, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV)
- Sexually transmitted infections

Immunizations

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A
- Hepatitis B
- HPV
- Influenza (flu)
- Meningococcal (meningitis)
- MMR
- Pneumococcal (pneumonia)
- Varicella (chicken pox)
- Zoster (shingles)



NOTICE REGARDING CITY OF MARIETTA/BLW EMPLOYEE WELLNESS PROGRAM

The City of Marietta/BLW Employee Wellness Program is a voluntary wellness program available to all active employees, retirees, and dependents who are covered by the City's health insurance plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program, you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a 28-panel blood test for conditions such as electrolyte imbalance, renal disease, liver disease, coronary heart disease, hypertension, hypokalemia, hyperlipidemia, and diabetes. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, active employees and spouses who are eligible and choose to participate in the wellness program will receive an incentive of \$100.00 for completing the HRA. Although you are not required to complete the HRA or participate in the biometric screening, only eligible employees and spouses who do so will receive \$100.00. If you have previously participated in the program, eleven months must have elapsed since your most recent HRA before you are eligible to receive the incentive.

Additional monetary wellness incentives of various dollar amounts may be available for employees who participate in certain health-related activities such as fitness or weight loss/maintenance challenges. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting the Benefits Division, at 770-794-5562, option 3.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and City of Marietta/BLW may use aggregate information it collects to design a program based on identified health risks in the workplace, the City of Marietta/BLW Employee Wellness Program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are authorized CareHere Medical or Health Professionals in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained by CareHere separately from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Davy Godfrey, Director of Human Resources and Risk Management, at 770-794-5562, option 6, or dgodfrey@mariettaga.gov.

CITY OF MARIETTA/BLW EMPLOYEE WELLNESS INCENTIVE



The 2017 City of Marietta/BLW Employee Wellness Incentive is only for **eligible employees and spouses** who have not already received their incentive in 2017. An “eligible employee” or “eligible spouse” is defined as an active employee or spouse of an active employee who is covered under the City’s health insurance who completed a Health Risk Assessment (HRA) since January 1, 2017. Employees who opt out of coverage for 2017 and receive the flexible spending incentive are not considered to be in the category of eligible employees for the wellness incentive. This is true even if the employee remained on the plan as a dependent. The cash incentives will be taxed on the employee’s paycheck. Note: Only one incentive per eligible individual is payable in 2017.

1. Who is eligible for the incentive? Active employees and spouses of active employees on the City’s health insurance. Eleven (11) months must have elapsed since the most recent HRA.
2. How do I schedule the HRA? Schedule appointment with CareHere by calling 877-423-1330 or at www.carehere.com.
3. What is the HRA? The Health Risk Assessment consists of a 28-panel blood draw (12-hour fasting required), vitals, and a health and behavior questionnaire.
4. How does an employee or spouse redeem the incentive? Once the HRA is complete, CareHere staff will provide the employee or spouse a completion voucher. Employees must return the voucher to the Department of Human Resources (HR) on a designated day. HR staff will provide a receipt to the employee. Employees must take the receipt to the cashier on the first floor to redeem the taxable cash incentive.

2017 HRA INCENTIVE CALENDAR		
Month	Date	Days of Week
January	30, 31	M, T
February	24, 27	F, M
March	29, 30	W, TH
April	27, 28	TH, F
May	30, 31	T, W
June	28, 29	W, TH
July	27, 28	TH, F
August	29, 30	T, W
September	28, 29	TH, F
October	30, 31	M, T
November	29, 30	W, TH
December	19, 20	T, W

Dental Benefits – Administered by BCBS

Maintaining our dental health is a large component in our overall health. While brushing and flossing may help us maintain our dental health, routine dental exams and cleanings are necessary to remove bacteria, plaque, and tartar and detect early signs of gum disease. In addition, regular dental visits may actually help reveal other health issues you may be unaware of.

Regular preventive care visits to your dentist can help protect your overall health. Studies have linked gum disease to problems in other areas of the body. In fact, studies by the Centers for Disease Control and Prevention show there may be a link between oral infections and diabetes, heart disease, stroke, and preterm, low-weight births.

City of Marietta offers dental coverage as summarized below.

Plan Provisions	Base Plan
Calendar Year Deductible	
Single	\$25
Family Max	\$75
Annual Benefit Max	\$1,000 calendar year
Diagnostic/Preventive Services <i>Periodic oral evaluation, Prophylaxis (cleanings), Bitewing X-rays</i>	100% coverage No Deductible
Basic Treatment (Type B) Fillings, periodontics, oral surgery, simple extractions	80% coverage (subject to deductible)
Major Treatment Endodontics, root canal, dentures, bridges, crowns	50% coverage (subject to deductible)
Orthodontia (Child Only) <i>Child(ren) only up to age 19</i>	Not covered

Plan Provisions	Buy-Up Plan
Calendar Year Deductible	
Single	\$25
Family Max	\$75
Annual Benefit Max	\$1,500 calendar year
Diagnostic/Preventive Services <i>Periodic oral evaluation, Prophylaxis (cleanings), Bitewing X-rays</i>	100% coverage No Deductible
Basic Treatment (Type B) Fillings, periodontics, endodontics, oral surgery, simple extractions	80% coverage (subject to deductible)
Major Treatment Dentures, bridges, crowns	50% coverage (subject to deductible)
Orthodontia (Child Only) <i>Child(ren) only up to age 19</i>	50% coverage; \$1,000 lifetime maximum

It is important to note that while you do have coverage for non-network providers, you could be balance billed for any services provided by a non-network provider. To receive the most from your benefits, use an in-network provider.

Deductible does not apply to Preventive/Basic Services.

The dental plans utilize the Prime & Complete network. To locate participating providers, go to www.bcbsga.com.

Member/Patient Services:
(855) 397-9269



Regular preventive care visits to your dentist can help protect your overall health. Studies have linked gum disease to problems in other areas of the body. In fact, studies by the Centers for Disease Control and Prevention show there may be a link between oral infections and diabetes, heart disease, stroke, and preterm, low-weight births.

Dental Benefits Continued

BCBS Base Dental Plan
Hired Prior to November 1, 2006

Weekly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$0.00	\$1.77	\$2.12	\$3.01
Monthly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$0.00	\$7.67	\$9.19	\$13.04

BCBS Buy Up Dental Plan
Hired Prior to November 1, 2006

Weekly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$0.58	\$2.92	\$8.12	\$11.22
Monthly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$2.50	\$12.67	\$35.17	\$48.60

BCBS Base Dental Plan
Hired November 1, 2006 or later

Weekly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$0.66	\$2.30	\$2.76	\$3.91
Monthly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$2.86	\$9.97	\$11.96	\$16.94

BCBS Buy Up Dental Plan
Hired November 1, 2006 or later

Weekly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$1.24	\$3.45	\$8.75	\$12.12
Monthly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$5.36	\$14.97	\$37.942	\$52.50



Retiree Dental Premiums

(Note: Premiums may differ based on date of hire, years of service, and year of retirement)

Hired prior to August 14, 1991

Plan Type	Base Plan Monthly Premium	Buy-Up Plan Monthly Premium	Comments
Single Dental	\$0	\$2.50	City pays 100% Single Dental. Family rate is paid by employee 100%, but frozen at retirement.
Family Dental	\$46.02	\$81.58	

Hired August 14, 1991-October 31, 2006

Plan Type	Base Plan Monthly Premium	Buy-Up Plan Monthly Premium	Comments
20 + years of service			City pays 100% Single Dental. Family rate is paid by employee 100%, but frozen at retirement.
Single Dental	\$0	\$2.50	
Family Dental	\$46.02	\$81.58	
15-19 years of service			City pays 80% Single Dental. Single rate is frozen at retirement. Family rate is paid by employee 100%.
Single Dental	\$3.84	\$6.34	
Family Dental	\$49.86	\$85.42	
10-14 years of service			City pays 50% Single Dental. Single rate is frozen at retirement. Family rate is paid by employee 100%.
Single Dental	\$9.59	\$12.09	
Family Dental	\$55.61	\$91.17	
<10 years of service			Employee pays 100% for single and family rates.
Single Dental	\$19.18	\$21.68	
Family Dental	\$65.20	\$100.76	

Hired after October 31, 2006

Plan Type	Base Plan Monthly Premium	Buy-Up Plan Monthly Premium	Comments
20+ years of service			City pays 85% Single Dental. Family rate is paid by employee 100%.
Single Dental	\$2.88	\$5.38	
Family Dental	\$48.90	\$84.46	
10-19 years of service			Employee pays 100% for single and family rates.
Single Dental	\$19.18	\$21.68	
Family Dental	\$65.20	\$100.76	
<10 years of service	N/A	N/A	Not eligible to purchase insurance

Vision Benefits – Administered by Avesis

Good visual health can play an important role in our overall health. For those of us with eye care needs, having a Vision plan available from our Employer can ultimately help offset some of those associated costs in preserving our eye health and ongoing wellness. Becoming a member of the voluntary Vision plans available through City of Marietta will enable you to take advantage of substantial savings on your eye care and eyewear needs.

Benefit	Avesis Base Vision Plan		Avesis Buy Up Vision Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Vision Exam	\$10 copay	Up to \$35 allowance	\$10 copay	Up to a \$45 allowance
Contact Lenses	Allowance	Max Amount	Allowance	Max Amount
Elective Medically Necessary	Up to \$130 allowance Covered in full	Up to \$130 allowance Up to \$250 allowance	Up to \$150 allowance Covered in full	Up to \$150 allowance Up to \$250 allowance
Standard Plastic Lenses	Copayment	Max Amount	Copayment	Max Amount
Single Vision Bifocal Trifocal	Covered in full after a \$25 copay	Up to \$25 allowance Up to \$40 allowance Up to \$50 allowance	Covered in full after a \$15 copay	Up to \$40 allowance Up to \$60 allowance Up to \$80 allowance
Frames	Up to \$50 wholesale allowance; 20% off additional cost	Up to \$45 allowance	Up to \$65 wholesale allowance; 20% off additional cost	Up to \$75 allowance
Laser Vision Correction	\$150 one time/lifetime allowance		\$300 one time/lifetime allowance	
Frequency Vision Exam Contact Lenses Standard Lenses Frames	Once every 12 months Once every 12 months Once every 12 months Once every 24 months		Once every 12 months Once every 12 months Once every 12 months Once every 24 months	

Please note: This plan covers either contact lenses or lenses for your glasses once every 12 months.

Avesis Base Vision Plan			
Weekly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$1.44	\$2.52	\$3.02	\$3.74
Monthly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$6.24	\$10.91	\$13.10	\$16.22

Avesis Buy Up Vision Plan			
Weekly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$1.58	\$2.79	\$3.24	\$4.07
Monthly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$6.85	\$12.07	\$14.03	\$17.64

To locate a provider visit www.avesis.com or contact Avesis' Customer Service Monday through Friday, 7AM to 8PM (EST) at 1-800-828-9341 to receive a listing of providers in your area.

Basic Life/AD&D & Voluntary Life Insurance – Administered by Lincoln

Basic Term Life and AD&D Insurance provides valuable financial protection for your family. The City of Marietta is pleased to provide Basic Life & AD&D Insurance to all full-time employees at no cost to you.

- City Council Employees and Part-Time Appointed Officials will receive \$150,000
- Closed Group of Public Safety Employees will receive \$40,000
- All Other Employees will receive 3 x your annual earnings, to a maximum of \$300,000.

Benefits for the closed Group of Public Safety Employees, Part-Time Appointed Officials, and All Other Employees will reduce by 50% at age 75. Benefits for the City Council employees will reduce by 35% of the original amount at age 65. At age 70, benefits will reduce an additional 20% of the original amount. At age 75, benefits will reduce an additional 15% of the original amount. At age 80, benefits will reduce an additional 10% of the original amount.

Voluntary Term Life and AD&D Insurance is also available to provide additional financial protection for you and your family. The City of Marietta is pleased to offer additional Life Insurance coverage options as a solution.

Benefit	Coverage
Employee Voluntary Life/AD&D	You can purchase coverage in increments of \$10,000 up to a maximum of \$420,000 not to exceed 5 x your annual earnings. New Hires: You will have a guaranteed issue (GI) amount of \$200,000. Employee elections over GI will require Evidence of Insurability.
Spouse Voluntary Life/AD&D	You can purchase coverage in increments of \$5,000 to a maximum of \$100,000 not to exceed 100% of the employee benefit. New Hires: You will have a guaranteed issue amount of \$30,000.
Child(ren) Voluntary Life	You can purchase coverage of \$10,000 for children 6 months to 26 years, or \$500 for children 14 days to 6 months. New Hires: You will have a guaranteed issue amount of \$10,000.
Annual Enrollment	Current participants are allowed a \$20,000 (Employee) or \$10,000 (Spouse) increase to their current coverage amount (including amounts over the Guarantee Issue Amount), without completing an Evidence of Insurability form.

Evidence of Insurability (EOI) is required if your election for you or your dependents exceeds the guaranteed issue amounts. EOI may also be required at annual enrollment if you elect or increase coverage over the allowable amounts.



Voluntary Life Insurance Continued

Important Terms to Understand

Evidence of Insurability: Evidence of Insurability is a request to verify good health and is often in the form of a questionnaire. This is required when you are requesting insurance that is over the guarantee issue amounts or if you are enrolling after your initial enrollment.

Guaranteed Issue: Guaranteed Issue is the amount of life insurance that you can elect without having to provide evidence of insurability. The guaranteed issue period is 31 days from the date you first become eligible for the plan from your date of hire. If you choose not to enroll when you are first eligible and enroll at a later date, the entire amount of insurance will be subject to evidence of insurability.

Employee Life/AD&D Pay Period Rates per \$1,000		
Age	Employee Rate	Spouse Rate
<30	\$0.10	\$0.06
30-34	\$0.13	\$0.07
35-39	\$0.16	\$0.09
40-44	\$0.19	\$0.12
45-49	\$0.28	\$0.18
50-54	\$0.48	\$0.28
55-59	\$0.89	\$0.43
60-64	\$1.13	\$0.72
65-69	\$1.67	\$1.18
70+	\$2.57	\$2.02

Child Rate Monthly \$2.00 for \$10,000
--

Voluntary AD&D Monthly Cost per \$1,000 of coverage	
Employee	\$0.045
Spouse	\$0.027
Child(weekly)	\$0.055 for \$5,000, \$0.11 for \$10,000



Basic Life Insurance – Administered by Lincoln

Basic Life Insurance provides valuable financial protection for your family. The City of Marietta is pleased to provide Basic Life Insurance to all eligible retirees who retired with city-funded basic life insurance in effect at the time of retirement.

Retiree Description	Coverage
All Retirees covered under 4532 Consolidated Retirement Plan	\$25,000
All Retirees covered under 4022 Retirement Plan	\$20,000



Disability Benefits – Administered by Lincoln

The City of Marietta provides you the option to elect benefits through convenient payroll deductions. Disability coverage is offered to you through Lincoln. It supplements your income if you are unable to work due to a qualifying disability. Disability benefit income will be reduced by other income.

SHORT TERM DISABILITY

Short Term Disability insurance provides you with a portion of your weekly income if you are unable to work or have a reduced income due to an illness or injury unrelated to your occupation.

Benefits	Short Term Disability
Percentage of Income	60%
Maximum Benefits	\$2,500
Benefits Begin After (Elimination Period)	14 Days – Accident 14 Days – Sickness
Maximum Benefit Duration	24 Weeks

Rate Per \$10	
Age	Employee Rate
<40	\$0.38
40-44	\$0.43
45-49	\$0.51
50-54	\$0.61
55-59	\$0.81
60-64	\$1.01
65-69	\$1.14
70+	\$1.37

LONG TERM DISABILITY

Long Term Disability coverage continues to pay you a benefit for as long as you remain disabled, or until you reach your Social Security Normal Retirement Age.

Benefits	Long Term Disability
Percentage of Income	60%
Maximum Benefits	\$5,300
Benefits Begin After (Elimination Period)	180 Days
Maximum Benefit Duration	SSNRA (Social Security Normal Retirement Age)

Rate Per \$100	
Age	Employee Rate
<25	\$0.128
25-29	\$0.141
30-34	\$0.164
35-39	\$0.234
40-44	\$0.415
45-49	\$0.683
50-54	\$1.01
55-59	\$1.187
60-64	\$1.251
65+	\$1.333

***If you have declined this coverage in the past and wish to add coverage at this time, you must complete an evidence of insurability form and be approved for coverage.**

Flexible Spending Accounts – Administered by TASC

The FSA consists of two separate accounts: a Health Care Spending Account and Dependent Care Spending Account. The FSA increases your take home pay by reducing your taxable income. Payment with pretax dollars means that you have more money to use on these important expenses.

Who is Eligible to Participate?

All full-time benefit eligible employees are able to participate in the flexible spending accounts.

Elections under the Plan

Elections **may not be changed outside the Open Enrollment period** unless you have a change in family status. Eligible changes in status include:

- marriage or divorce or legal separation;
- death of a spouse;
- birth or adoption of a child or a change in legal custody; and
- your or your spouse's new employment or termination of employment or other change in employment status that affects your or your spouse's eligibility for benefits.

If you change your election because of a change in family status, the change will be effective on the first day of the month following your election.

Health Care Spending Account

Your Health Care Spending Account allows you to pay for health-related treatments and expenses for you and your dependents not paid for by your insurance programs. The maximum contributions to the Health Care Spending Account cannot exceed \$2,550 during the plan year (as of January 1, 2017). Expenses that are eligible for reimbursement from the Health Care Spending Account include, but are not limited to, the following:

- Deductibles and co-payments not paid by the health insurance option or dental insurance option in which you or any family members participate
- Cost of eligible procedures not covered by health or dental plans
- Vision examinations, glasses, contact lenses and supplies
- Hearing exams and hearing aids
- Alcoholism treatment, birth control, braces, chiropractor fees, prescription drug and medical supplies (used to alleviate or treat injury or illness), orthopedic shoes, psychiatric care, transportation expenses (related to the rendering of medical services), weight loss programs (if prescribed by a physician), wheelchair.

All participants are eligible to roll over up to \$500 of unused Healthcare Flexible Spending dollars.

Dependent Care Spending Account

A Dependent Care FSA can save you money on dependent care expenses you pay while you're at work. These include day care and summer camps for children under age 13 and care for an elderly parent.

- You can contribute up to \$5,000 a year or \$2,500 if you're married and file separate income tax returns.
- Claims for reimbursement must be made after payment for dependent care expenses are paid
- Reimbursements can only be made using the funds contributed at the time the claim is submitted

Once enrolled, you can monitor your Flexible Spending Account balance by registering at www.tasconline.com.

Whole Life – Administered by Unum

While Term Life Insurance is an important benefit to maintain through your working years, Whole Life Insurance can also provide you with an additional level of Life Insurance coverage.

Don't leave your family unprotected, provide for them now with whole life insurance.

Many employees choose our whole life insurance products because they offer the flexibility to meet a variety of personal needs. With whole life insurance plans, employees have a choice of benefit and premium amounts that fit their paychecks and life styles.

Employees also have access to the cash value accumulated in their plans and may use these savings for loans or withdrawals. And with our voluntary plans, employees own their coverage and can keep them in force even when they retire or change employers.

BUILDS CASH VALUE

In addition to having valuable life insurance protection, you can accumulate savings at a guaranteed rate of return. You have access to your cash value and have the ability to make loans or withdrawals.

LIVING BENEFIT

If you are diagnosed with a terminal illness, you can request up to 100% of your policy's benefit amount and use it for any purpose.

PORTABILITY

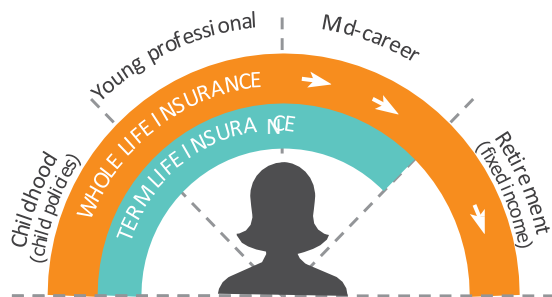
Take your coverage with you if you leave the company (with certain stipulations).

LONG TERM CARE RIDER INCLUDED

Allows you to use the death benefit to pay for long term care. You must have received long term care for 90 days. Subject to rider conditions.

Three reasons to buy Whole Life at work — now!

- 1. Age-based premiums.** Premiums are based on your age when you purchase, and don't increase as you get older. So the earlier you buy, the lower your premium will be for the life of your policy.
- 2. Whole Life rates.** The rates available through your employer are typically more affordable than those available elsewhere.
- 3. Guaranteed Issue.** Generally available during the initial enrollment at your workplace. When it's offered to you, you can purchase coverage up to a set amount, without medical exams or health questions. If you don't purchase the maximum amount, you have the option to increase it up to that level during future enrollments — no questions asked!



Who Can Have It?	What is the Benefit Amount?	How Long Can They Keep It?
Individual employee coverage Ages 15–80	You can purchase coverage for as low as \$3 a week (minimum benefit must be at least \$2,000). Your actual benefit amount is based on the premium amount chosen and your age when your coverage is issued.+	You can keep it as long as you want it. If you leave your employer, you would be billed directly at home.
Individual spouse coverage Ages 15–80	Coverage is available for as low as \$3 a week (minimum benefit must be at least \$2,000). The spouse coverage amount cannot exceed the employee base coverage amount.+	If you leave your employer, you can keep your spouse's policy and be billed directly at home.
Individual child coverage No employee or spouse purchase needed. Available to eligible children, stepchildren, legally adopted children and grandchildren (14 days until their 26th birthday) of the primary insured adult.	You can purchase coverage for as low as \$1 a week. Benefit amounts are based on the child's issue age and premium selected.+	Your children can keep it, even if you leave your employer. You would be billed directly at home.

Group Critical Illness – Administered by Unum

Critical Illness Benefits are payable for specified conditions and can help to cover the costs of your treatments and related expenses, regardless of your major medical insurance coverage.

Covered Conditions	
Heart Attack Major Organ Failure Occupational HIV Benign Brain Tumor	Blindness End-Stage Renal (Kidney) Failure Coronary Artery Bypass Surgery; pay 25% of lump sum benefit
Covered conditions with time limitations	
Stroke	Evidence of persistent neurological deficits confirmed by a neurologists at least 30 days after the event
Coma	Coma resulting from a severe traumatic brain injury lasting for a period of 14 or more consecutive days
Permanent Paralysis	Complete and permanent loss of the use of two or more limbs for continuous 90 days as a result of a covered accident
Cancer Conditions	
Cancer	Carcinoma in situ; pays 25% of lump sum benefit

The following benefit is automatically included in your plan:

Wellness Benefit

For an additional \$2.22 per month, your policy includes a Wellness Benefit that will pay \$75 per calendar year per insured individual if a covered health screening test is performed, including:

- Blood Test
- Stress Tests
- Colonoscopies
- Chest X-rays
- Mammograms

Reduction of benefits

The benefit amount for the employee and spouse reduces by 50% on the first policy anniversary date after the insured individual's 70th birthday. Premiums will not be reduced. For coverage purchased after age 70, benefit amounts will not be reduced.

Age	Rate per \$1000	
	Non- Tobacco User	Tobacco User
<25	\$0.56	\$0.84
25-29	\$0.61	\$1.01
30-34	\$0.80	\$1.43
35-39	\$1.09	\$2.10
40-44	\$1.55	\$3.08
45-49	\$2.12	\$4.26
50-54	\$2.80	\$5.68
55-59	\$3.69	\$7.24
60-64	\$4.72	\$8.67
65-69	\$5.31	\$9.04
70+	\$9.53	\$14.56

Who can have it?	Benefit
Employees who are actively at work	\$5,000 to \$50,000 in \$1,000 increments
Dependent children newborn until their 26th birthday, regardless of marital or student status All eligible children are automatically covered at 25% of the employee benefit amount (no additional cost)	Eligible children are covered for the same conditions as employee and the following specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. Diagnosis must occur after the child's coverage effective date.
Spouse ages 17 through 64 with purchase of employee coverage	From \$5,000 to \$30,000 in \$1,000 increments

Group Accident – Administered by Unum

Accidents happen in places where you and your family spend the most time – at work, in the home or during sports and leisure activities.

City of Marietta offers voluntary Group Accident Insurance through Unum. Unum’s Accident Insurance is designed to help you through the different stages of care for an accidental injury by providing benefits directly to you for initial care and treatment, in addition to the follow-up care you may need. The accident plan is guaranteed issue, so no health questions are required. Coverage is also available for your spouse and children.

Examples of covered injuries include:

- broken bones
- eye injuries
- burns
- ruptured discs
- torn ligaments
- concussion
- cuts repaired by stitches
- coma due to a covered injury

Some covered expenses include:

- emergency room treatment
- occupational therapy
- outpatient surgery facility
- speech therapy
- doctor office visit
- chiropractic visit
- hospitalization
- physical therapy

Sample of the Schedule of Benefits (the full schedule is available online):

Covered Injuries	Benefit Amount
Fractures	
Open	Up to \$7,500
Closed	Up to \$3,750
Chips	25% of closed amount
Dislocations	
Open	Up to \$6,000
Closed	Up to \$3,000
Concussion	\$150
Coma	\$10,000
Ruptured Disc	\$800
Dental Work, Emergency	
Extraction	\$100
Crown	\$300

Emergency and Hospitalization Benefits	Benefit Amount
Ambulance (group, once per incident)	\$400
Air Ambulance	\$1,500
Emergency Room Treatment	\$150
Hospital Admission	\$750
Hospital Confinement	\$200
Medical Imaging Test	\$100
Outpatient Surgery Facility Service (once per incident)	\$50

Weekly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$3.21	\$5.06	\$5.95	\$7.79
Monthly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$13.93	\$21.91	\$25.77	\$33.75

Legal Insurance from ARAG

UltimateAdvisor legal insurance from ARAG offers you affordable, reliable counsel when something in life turns into a legal issue, like a dispute with a contractor, a traffic ticket or the need for estate planning.

For as little as \$22.00 per month, you can enroll in the plan and have a place to turn to for help, with access to a nationwide network of attorneys who will:

- Work with you in person, over the phone or online to consult with you on legal issues
- Review or prepare documents.
- Make follow up calls or write letters on your behalf.
- Represent you, if needed.

Save Time and Money

Attorney fees for most covered legal matters are 100% paid in full when you work with a Network Attorney, which means you'll avoid paying high-cost attorney fees.

It's like having an attorney or retainer whenever you have a question or need guidance regarding a legal matter.

Face Life's Legal Issues with More Confidence

When you encounter situations in life that could result in legal or financial issues – like the examples show above – count on a wide variety of benefits and services to protect you and resolve these matters:

Consumer and Fraud Protection Issues	Government Benefits
Wills and Estate Planning	General Office time (up to 4 hours)
Real Estate Matters	Small Claims Court
Family Law	Tax Issues
Civil Damage Claims (Defense)	Traffic Matters
Criminal Matters	Identity Theft
Debt-Related Matters	Caregiving Services
Dispute with a Landlord	Financial Education and Counseling

To see a full list of coverages available under your plan, visit ARAGLegalCenter.com and go to "Plan Details". For any legal matters not covered and not excluded under the plan (including Immigration Assistance), you are eligible to receive at least 25% off the Network Attorney's normal rate.

Be sure to enroll during the open enrollment period to take advantage of all of these valuable legal benefits. If you have any questions, call 800-247-4184 to speak with an ARAG Customer Care Specialist. For complete plan coverage details, visit ARAGLegalCenter.com.

Medicare Information

I'm turning 65 this year and still actively working.

What do I need to do?

If you're turning 65 this year you'll be getting a Medicare Enrollment kit giving you the option to enroll in Medicare Parts A, B as well as Medicare Part D. **You'll be getting the kit 60 to 90 days before your birthday.**

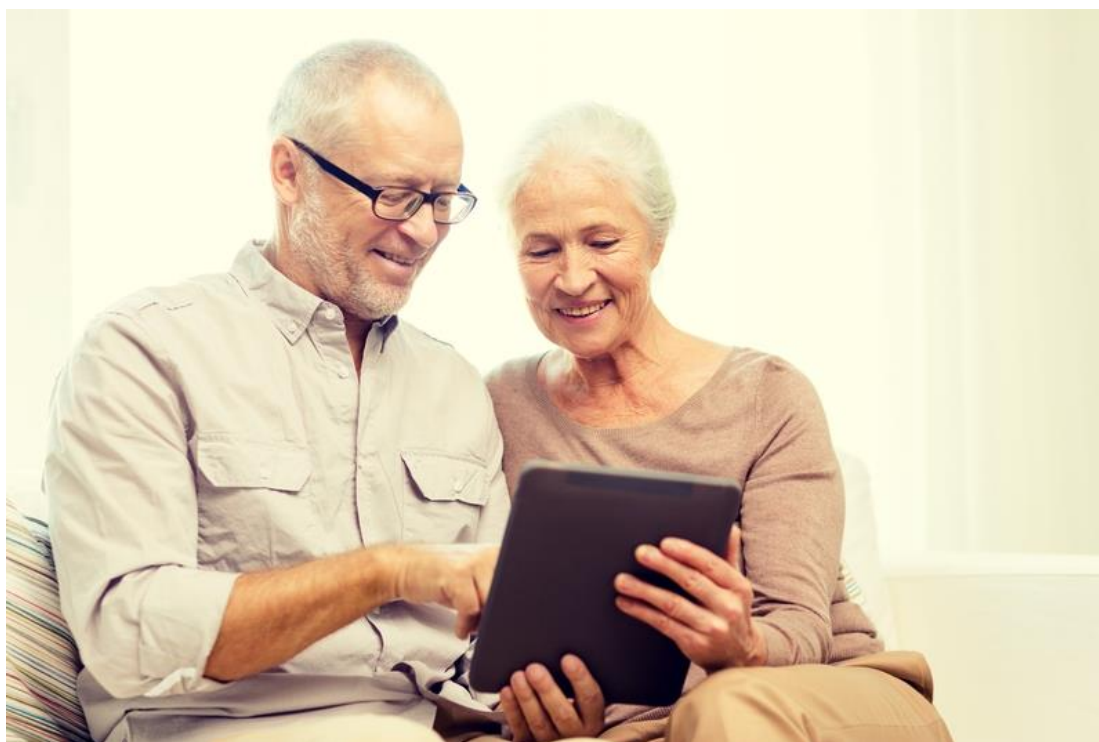
Please read the Medicare materials carefully. It helps you to know all you can when you make a decision about enrolling in Medicare.

If you're an active employee and you get health insurance through The City of Marietta, this coverage will be your primary insurance. Medicare will be your secondary coverage.

Your coverage as an active employee is considered Creditable Coverage for Medicare Parts B and D. As long as you're enrolled in health coverage through The City of Marietta as an active employee, you won't be penalized if you put off enrolling in Medicare Parts B and D until your retirement.

For more information, visit the Medicare website at:

<http://www.medicare.gov> or contact the Human Resources Department.



Smoking Cessation

Ready to stop smoking? Here's how to get help.

Taking care of your health is important and we'd like to help you do that. If you smoke, one of the best ways to improve your health is to stop smoking.

On average, adults who smoke die 13 to 14 years earlier than nonsmokers. Tobacco use remains the leading preventable cause of disease, death, and disability in the United States.

Even secondhand tobacco smoke is deadly. It contains chemicals such as formaldehyde, ammonia, arsenic, carbon monoxide and lead. Each year, about 3,400 nonsmoking adults die of lung cancer and another 46,000 nonsmokers die from heart disease, all as a result of breathing secondhand smoke.

Take a look at all the health benefits of quitting:

- Within 20 minutes: Your heart rate drops.
- Within 12 hours: The carbon monoxide level in your blood is normal.
- Within 2 weeks to 3 months: Your circulation improves and your lung function returns to normal.
- Within 1 to 9 months: Your coughing and shortness of breath decrease.
- Within 1 year: Your risk of heart disease is about half that of a tobacco user.
- Within 5 years: Your risk of stroke equals that of a non-tobacco user.

How to find the right "quit" program for you

The program that works best for you may be different from the program that works best for someone else.

So talk to your doctor, who's one of your best resources for finding programs that meet your total health needs. Your doctor can talk about over-the-counter and prescription medications available.

TIP: Studies show that stop-smoking programs that work best are those offered through a facility or doctor and include therapy and social support.



Resources

City of Marietta CareHere Clinic

American Lung Association-
quitterinyou.org

Knock Out Nicotine- 678-843-7454

American Cancer Society 800-ACS-2345
cancer.org

Disclosure Notice – Prescription Drug and Medicare Notice

Important Notice from City of Marietta About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Marietta and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. City of Marietta has determined that the prescription drug coverage offered by the BCBS, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Marietta will not be affected.

If you drop your current prescription drug coverage and enroll in Medicare prescription drug coverage, you may enroll back into the City of Marietta benefit plan during an open enrollment period under the City of Marietta benefit plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the City of Marietta and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Marietta changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

Visit www.medicare.gov

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

From: January 1, 2017 to December 31, 2017

Name of Entity/Sender: City of Marietta

Contact Person: Benefits Division

Disclosure Notice - CHIP

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of November 3, 2010. You should contact your State for further information on eligibility

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-800-362-1504	Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-866-298-8443
ALASKA – Medicaid	COLORADO – Medicaid and CHIP
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In State): 1-800-866-3513 Medicaid Phone (Out of State): 1-800-221-3943 CHIP Website: http:// www.CHPplus.org CHIP Phone: 303-866-3243
ARIZONA – CHIP	
Website: http://www.azahcccs.gov/applicants/default.aspx Phone (In-State): 1-877-764-5437	
ARKANSAS – CHIP	FLORIDA – Medicaid
Website: http://www.arkidsfirst.com/ Phone: 1-888-474-8275	Website: http://www.fdhc.state.fl.us/Medicaid/index.shtml Phone: 1-866-762-2237
GEORGIA – Medicaid	MONTANA – Medicaid
Website: http://dch.georgia.gov/ Click on Programs, then Medicaid Phone: 1-800-869-1150	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Telephone: 1-800-694-3084
IDAHO – Medicaid and CHIP	NEBRASKA – Medicaid
Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588	Website: http://www.dhhs.ne.gov/med/medindex.htm Phone: 1-877-255-3092
INDIANA – Medicaid	NEVADA – Medicaid and CHIP
Website: http://www.in.gov/fssa/2408.htm Phone: 1-877-438-4479	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900 CHIP Website: http://www.nevadacheckup.nv.org/ CHIP Phone: 1-877-543-7669
IOWA – Medicaid	
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: https://www.khpa.ks.gov Phone: 800-766-9012	Website: www.dhhs.nh.gov/ombp/index.htm Phone: 603-271-4238
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-342-6207	
MAINE – Medicaid	NEW MEXICO – Medicaid and CHIP
Website: http://www.maine.gov/dhhs/oms/ Phone: 1-800-321-5557	Medicaid Website: http://www.hsd.state.nm.us/mad/index.html Medicaid Phone: 1-888-997-2583 CHIP Website: http://www.hsd.state.nm.us/mad/index.html Click on Insure New Mexico CHIP Phone: 1-888-997-2583
MASSACHUSETTS – Medicaid and CHIP	
Medicaid & CHIP Website: http://www.mass.gov/MassHealth Medicaid & CHIP Phone: 1-800-462-1120	
MINNESOTA – Medicaid	NEW YORK – Medicaid
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone (Outside of Twin City area): 800-657-3739 Phone (Twin City area): 651-431-2670	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MISSOURI – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.dss.mo.gov/mhd/index.htm Phone: 573-751-6944	Website: http://www.nc.gov Phone: 919-855-4100
NORTH DAKOTA – Medicaid	UTAH – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604	Website: http://health.utah.gov/medicaid/ Phone: 1-866-435-7414
OKLAHOMA – Medicaid	VERMONT- Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: http://ovha.vermont.gov/ Telephone: 1-800-250-8427
OREGON – Medicaid and CHIP	VIRGINIA- Medicaid and CHIP
Medicaid & CHIP Website: http://www.oregonhealthykids.gov Medicaid & CHIP Phone: 1-877-314-5678	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
PENNSYLVANIA – Medicaid	WASHINGTON- Medicaid
Website: http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm Phone: 1-800-644-7730	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-800-562-3022 ext 15473
RHODE ISLAND – Medicaid	WEST VIRGINIA- Medicaid
Website: www.dhs.ri.gov Phone: 401-462-5300	Website: http://www.wvrecovery.com/hipp.htm Phone: 304-342-1604
SOUTH CAROLINA – Medicaid	WISCONSIN- Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING- Medicaid
Website: http://www.gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.health.wyo.gov/healthcarefin/index.html Phone: 307-777-7531

To see if any more States have added a premium assistance program, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

OMB Control Number 1210-0137 (expires 09/30/2013)

Unless otherwise noted, a paper copy is available, free of charge, by calling ShawHankins at 800-994-7429.

NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS:

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contribution toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself or your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

SECTION 125 PRE-TAX BENEFIT AUTHORIZATION NOTICE:

Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period. You may only make a change or drop coverage elections before the next open enrollment period under the following circumstances:

A change in marital status, or

A change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or

A change in employment status for myself or my spouse, or

Open enrollment elections for my spouse, or

A change in dependents eligibility, or

A change in residence or worksite.

Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred. All changes are subject to approval by your Employer/Plan.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ANNUAL NOTICE:

The Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy, including lymph edema.

NEWBORNS' ACT DISCLOSURE:

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96) hours.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION: This Notice describes how the Plan(s) may use and disclose your protected health information ("PHI") and how you can get access to your information. The privacy of your protected health information that is created, received, used or disclosed by the Plan(s) is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice is available on the web at: www.cityofmarietta.bswift.com. A paper copy is also available, free of charge, by calling your Employer or ShawHankins at 800-994-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan."

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS: On April 7, 1986, a federal law was enacted (Public Law 99-272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your Employer you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and your dependents the General Notice Of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The full Notice is available on the web at: www.cityofmarietta.bswift.com. A paper copy is also available, free of charge, by calling your Employer or ShawHankins at 800-994-7429. Please note the participant is responsible for providing a copy to their spouse/dependents covered under the group health plan.

SUMMARY OF BENEFITS AND COVERAGE (SBC): As an employee, the group health (medical) benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) which summarizes important information about any health coverage option in a standard format to help you compare across options. The SBC is available on the web at www.cityofmarietta.bswift.com. A paper copy is also available, free of charge, by calling your Employer or ShawHankins at 800-994-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.

HEALTH INSURANCE MARKETPLACE NOTICE (a.k.a. Exchange Notice): When key parts of the health care law took effect in 2014, a new way to buy health insurance became available through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, the Marketplace notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer. This notice is available on the web at www.cityofmarietta.bswift.com. A paper copy is also available, free of charge, by calling ShawHankins.

Why Would I Contact the Call Center?

Order ID Cards: We can contact the insurance carrier directly and have your replacement card in ten to fifteen business days.

Claim Resolution and Research: We can help you understand your Explanation of Benefits (EOB) as well as contact the insurance carriers on your behalf. We can assist in appealing a denied claim or help you request a Prior Authorization (PA) from your physician as may be required by your medical carrier. We can also help you file out-of-network claims and assist with reimbursement if you require medical assistance while traveling outside of the United States.

Locate In-Network Providers: Staying in network saves everyone money. Our Call Center can help you locate In-Network Providers for medical, dental and vision coverage whether you are at home or away.

Request Copies of Any Necessary Forms: Medical claim forms, out-of-network claim forms, evidence of insurability forms, short and long term disability claim forms and any other applicable forms are always available if the need should arise.

Understanding Your Benefits: We can assist you with questions regarding deductibles, copayments and coinsurance. We can explain waiting periods, elimination periods and eligibility rules.

Explain Section 125 Cafeteria Plans: We can explain qualifying events regulated by the IRS as described in your Summary Plan Description (SPD). We help clarify the time frames and qualifying events allowed by your Plan.

Annual Enrollment Information: We can provide details about when open enrollment begins and ends and if your plan designs or payroll deductions are changing.

Enrollment Assistance: The Call Center Representative can walk you through every step of the enrollment process. Whether it's an online enrollment or paper enrollment form, your Call Center Representative is available to help.

Confirmation Statements: We can provide copies of your online enrollment confirmation statement or a copy of your paper enrollment form at any time.

The Call Center is available from 8:30 a.m. to 5:00 p.m. Monday through Friday to assist you. We have an after-hours voice mailbox and your call will be returned the next business day.

1-800-994-7429
customerservice@shawhankins.com

Contact Information

Plan	Administrator	Website	Phone Number
Benefit/Enrollment Questions	ShawHankins	www.shawhankins.com	800-994-7429
Medical Benefits	BCBS	www.bcbsga.com	855-397-9267
Medicare Advantage	Aetna	www.aetna.com	800-872-3862
Dental Benefits	BCBS	www.bcbsga.com	877-604-2158
Vision Benefits	Avesis	www.avesis.com	800-828-9341
Pharmacy Benefits	PharmAvail	www.pharmavail.com	800-933-3734
Mail Order Prescriptions	MedVantx	www.MedVantxRx.com	866-744-0621
Life and AD&D Insurance	Lincoln	www.lfg.com	800-423-2765
Disability	Lincoln	www.lfg.com	800-423-2765
Flexible Spending Accounts	TASC	www.tasconline.com	800-422-4661
Worksite Products	Unum	www.unum.com	866-679-3054
Legal	ARAG	www.araglegalcenter.com	800-247-4184

ShawHankins
Right Partner. Right Benefits.



thbg *the bottoms group*
SINCE 1947 BENEFITS · INSURANCE · COMMUNICATION

ShawHankins
Right Partner. Right Benefits.



shawhankins.com
1-800-994-7429