



City of Marietta

2018 BENEFITS OPEN ENROLLMENT REVIEW

ShawHankins

- Service Center- can answer questions on all benefits
- Available 8:30 am – 5:00 pm during open enrollment
- ShawHankins Service Center can be reached at 1-800-994-7429
- Benefit Resource Center- shawhankinsbenefits.net/cityofmarietta
- All elections will be made using the ShawHankins bswift enrollment portal

Changes for 2018

- Increase to payroll deductions on the BCBS medical plans due to national trend
- Increase to Deductible and Out of Pocket Maximum on BCBS medical plans
- Benefit enhancement on the Avesis Buy-Up Vision plan
 - Members will be eligible for frames once every calendar year
- Whole Life is no longer offered however, members currently enrolled can continue the policy through direct pay
 - Instructions on how to continue your policy can be found on the Benefit Resource Center Site

Open Enrollment

- Open Enrollment is October 23 – November 10, 2017
- Enrollment Assistance will be offered from October 30 – November 3, 2017
- ShawHankins will be available to answer questions and assist with enrollments
- Schedule your appointment at <https://shawhankinsenrollments.acquityscheduling.com/schedule.php?calendarID=705110>

Enrollment Assistance Calendar		
Date	Time	Location
October 30, 2017	8:00am – 3:00pm	3rd Floor City Hall HR Training Room
October 31, 2017	8:00am – 5:00pm	Custer Park
November 1, 2017	8:00am – 5:00pm	Custer Park
November 2, 2017	8:00am – 5:00pm	Custer Park
November 3, 2017	8:00am – 3:00pm	3rd Floor City Hall HR Training Room

Open Enrollment Cont.

- Open Enrollment is your opportunity to make elections for 2018
- Only time you can make a change to those elections is if you experience a qualifying event:
 - Marriage, divorce
 - Birth or adoption
 - Change in your or your spouse's work status that affects benefits
 - Spouse's annual open enrollment period
 - Change in dependent eligibility status
 - Change in eligibility for Medicaid or Medicare
 - Death of dependent
 - Court order

Bswift Online Enrollment

- Make all elections through Bswift enrollment portal
- www.cityofmarietta.bswift.com
 - Username: first letter of first name, last name, and year of birth
 - Example: JSmith1972
 - Password: employee ID number
- If you do not make elections through the enrollment portal, your coverage will roll over for the 2018 plan year. The only exception is Flexible Spending and Whole Life through Unum. You must enroll in Flexible Spending in order to participate in the plan for 2018. Whole Life can be transitioned to a direct pay policy by following the instructions listed on the Benefit Resource Center Site.
- You will not be permitted to make changes after the open enrollment period ends, unless you experience a qualifying event.

Medical and Prescription Coverage

BCBS POS Plan

Plan Provisions	BCBS POS Plan
Lifetime Maximum	Unlimited
Deductible (Individual / Family)	\$1,000 / \$3,000
Annual Out of Pocket Maximum (consists of deductible, coinsurance, medical co-pays, and prescription copays)	\$7,350 / \$14,700
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

BCBS PPO Plan (grandfathered)

Plan Provisions			BCBS PPO Plan – Grandfathered Employees	
Key Benefit	In-Network	Out-of-Network		
Lifetime Maximum	Unlimited			
Deductible (Individual / Family)	\$1,100 / \$3,300	\$1,500 / \$4,500		
Annual Out of Pocket Maximum (consists of deductible, coinsurance, medical co-pays, and prescription copays)	\$7,350 / \$14,700	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		

Prescription Drug Plan

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	

Prescription Drug Mail Order

- **Mail Order Program-** Members are able to fill their 90 day prescriptions through a mail order program with MedVantx.
- 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 is no 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
- Manufacturer coupons may still be used

Medical Deductions

POS Plan
Active Employees
Hired Prior to November 1, 2006

Weekly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$0.00	\$15.28	\$12.22	\$28.01
Monthly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$0.00	\$66.21	\$52.95	\$121.38

PPO Plan
Active Employees
Hired Prior to November 14, 1996

Weekly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$0.00	\$48.44	\$38.75	\$95.91
Monthly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$0.00	\$209.91	\$167.92	\$415.61

POS Plan
Active Employees
Hired November 1, 2006 or Later

Weekly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$12.68	\$28.98	\$25.71	\$40.70
Monthly			
Employee	Employee + Spouse	Employee + Child(ren)	Family
\$54.95	\$125.58	\$111.41	\$176.37

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 must sign a waiver of COBRA coverage.

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

Dental Coverage

Plan Provisions	Base Plan
Calendar Year Deductible Single Family Max	\$25 \$75
Annual Benefit Max	\$1,000 calendar year
Diagnostic/Preventive Services Periodic oral evaluation, Prophylaxis (cleanings), Bitewing X-rays	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) Child(ren) only up to age 19	Not covered

Plan Provisions	Buy-Up Plan
Calendar Year Deductible Single Family Max	\$25 \$75
Annual Benefit Max	\$1,500 calendar year
Diagnostic/Preventive Services Periodic oral evaluation, Prophylaxis (cleanings), Bitewing X-rays	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) Child(ren) only up to age 19	50% coverage; \$1,000 lifetime maximum

Vision Coverage

- Avesis Buy-Up Plan now covers frames once every 12 months

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	Once every 12 months		Once every 12 months	
Contact Lenses	Once every 12 months		Once every 12 months	
Standard Lenses	Once every 12 months		Once every 12 months	
Frames	Once every 24 months		Once every 12 months	



Flexible Spending Accounts

- Will continue to be administered by TASC for 2018
- Two separate accounts- Healthcare Spending Account and Dependent Care Spending Account
- Allows you to set aside pre-tax dollars to spend on qualified expenses, reducing your taxable income
- Must make new elections for 2018- via bswift

Flexible Spending Accounts

- Medical Spending Account
 - Maximum contribution of \$2,600
 - Some eligible expenses- Deductibles, copayments, dental expense, vision services and materials
- Dependent Care Spending Account
 - \$5,000 for married couple filing joint income tax returns, \$2,500 if unmarried or married and filing separate income taxes
 - Some eligible expenses- any care of a dependent that allows you and your spouse to work: day care, after school program, in-home care, camps
- May rollover up to \$500 left in the Medical Spending Account at the end of the year. Any other unused funds will be forfeited.

Basic Life and AD&D

- City of Marietta provides basic life and AD&D benefit at no cost to you
- Provided through Lincoln Financial

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

Optional Life Insurance

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

Long Term Disability Coverage

- Provided through Lincoln Financial
- Pays a benefit after you are disabled for 180 days
- Covers 60% of your earnings up to a maximum of \$5,300 per month.
- Continues to pay until you can return to work or reach SSNRA
- Elect coverage through bswift

If you are not currently enrolled in Long Term Disability, you must complete an Evidence of Insurability and be approved for coverage.

Short Term Disability Coverage

- Provided through Lincoln Financial
- Pays after you are disabled for 14 days
- Covers 60% of your salary, up to \$2,500 per week
- Pays for up to 24 weeks of disability
- Enroll through bswift

If you are not currently enrolled in Short Term Disability, you must complete an Evidence of Insurability and be approved for coverage.

Legal Services

- Coverage is available through ARAG
- Access to a nationwide network of attorneys
- Work with you in person, over the phone or online on legal issues
- Review or prepare documents
- Make calls or write letters on your behalf
- Represent you in court
- Family law, real estate matters, civil damage claims, criminal matters, debt related matters, dispute with a landlord, government benefits, small claims court, tax issues, traffic matters,
- Includes ID theft protection-monitoring, restoration, lost wallet service, \$1,000,000 in insurance

Unum Benefit Options

- Accident Insurance
- Critical Illness Insurance with Cancer coverage

Questions

ShawHankins
Right Partner. Right Benefits.



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