



# Employee Benefits At A Glance 2019

## Medical – Anthem Blue Cross and Blue Shield

	Low Plan	High Plan
Calendar Year Deductible <ul style="list-style-type: none"> <li>• Single (in-network)</li> <li>• Family (in-network)</li> </ul>	\$4,500 \$13,500	\$4,000 \$8,000
Out-of-Pocket Maximum <ul style="list-style-type: none"> <li>• Single (in-network)</li> <li>• Family (in-network)</li> </ul>	\$7,900 \$15,800	\$6,000 \$12,000
Coinsurance (in-network)	80%	100%
Preventive Care (in-network)	Plan pays 100%, deductible waived	Plan pays 100%, no copay
Office Visit Copay <ul style="list-style-type: none"> <li>• Primary (in-network)</li> <li>• Specialist (in-network)</li> </ul>	\$30 copay \$60 copay	\$25 copay \$50 copay
Inpatient Hospital Services (in-network)	Plan pays 80% after deductible	Plan pays 100% after deductible
Outpatient Services at Hospital (in-network)	Plan pays 80% after deductible	Plan pays 100% after deductible
Outpatient Services at Freestanding Facility (in-network)	\$150 copay + 20% coinsurance (no deductible)	\$150 copay
Emergency Room	\$350 copay + 20% coinsurance	\$350 copay
Urgent Care (in-network)	\$75 copay	\$100 copay
Pharmacy (retail 30 days) Deductible <ul style="list-style-type: none"> <li>• Tier 1</li> <li>• Tier 2</li> <li>• Tier 3</li> <li>• Tier 4</li> </ul>	\$200 per person / \$400 per family \$15 copay \$45 copay \$85 copay 25% to \$350	None \$15 copay \$35 copay \$60 copay NA

## Dental – Anthem Blue Cross and Blue Shield

Calendar Year Deductible <ul style="list-style-type: none"> <li>• Single</li> <li>• Family Max</li> </ul>	\$50 \$150
Annual Benefit Maximum	\$5,000 Calendar Year
Diagnostic/Preventive Services	100% Coverage (no deductible)
Basic Treatment	80% Coverage (subject to deductible)
Major Treatment	40% Coverage (subject to deductible)
Orthodontics (dependent children up to age 19)	50% Coverage (no deductible)
Ortho Maximum (lifetime)	\$2,000
Waiting Period	None

## Vision – Anthem Blue Cross and Blue Shield

	In-Network	Non-Network
Vision Exam	\$10 copay	Up to \$30 reimbursement
Contacts Fitting <ul style="list-style-type: none"> <li>• Standard</li> <li>• Premium</li> </ul>	Up to \$55 10% off retail	Not Covered
Contact Lenses <ul style="list-style-type: none"> <li>• Elective</li> <li>• Medically Necessary</li> </ul>	Up to \$130 allowance Covered in full	Up to \$105 allowance Up to \$210 allowance
Standard Plastic Lenses <ul style="list-style-type: none"> <li>• Single Vision</li> <li>• Bifocal</li> <li>• Trifocal</li> </ul>	\$25 copay \$25 copay \$25 copay	Reimbursement Up to \$25 Up to \$40 Up to \$55
Frames	Up to \$130 allowance; 20% off additional cost	Up to \$45 reimbursement
Benefit Frequency <ul style="list-style-type: none"> <li>• Exam</li> <li>• Lenses</li> <li>• Frames</li> </ul>	Once every 12 months Once every 12 months Once every 24 months	

To locate a medical, dental or vision provider visit <http://www.bcbsga.com>.

### Basic Life/AD&D

Bryan County provides all eligible employees and their dependents with Basic Life & AD&D Insurance in the amount of 1 x annual earnings up to \$100,000 for employee. You have the option to purchase \$10,000 on all your dependents. The carrier for this coverage is Lincoln Financial.

### Optional Voluntary Term Life

In addition to the basic life you are able to purchase additional life insurance, employees can elect coverage up to the lesser of 5x annual earnings or \$500,000 in \$10,000 increments. If you previously purchased coverage, you can increase it by up to \$20,000 with no health questions. If you previously declined coverage, you will need to complete a personal health statement (EOI) and coverage will need to be approved by Lincoln. New Hires can elect up to \$150,000 without EOI.

### Dependent Optional Voluntary Life

Additional life insurance is also available to your spouse and eligible children, up to 50% of your elected coverage. Employees can elect coverage on their spouse up to \$250,000 in \$5,000 increments and can elect coverage on eligible children up to \$10,000 in \$2,000 increments. Eligible children are covered to age 19 or to age 26 if a full-time student. Spouses who previously elected coverage can increase their coverage up to \$10,000 with no EOI, if eligible. New Hires can elect up to \$30,000 on spouse and \$10,000 on eligible children without an EOI.

### Flexible Spending Accounts

Employees have the ability to set aside pre-tax dollars into a Healthcare Flexible Spending account to be used for eligible healthcare, dental or vision expenses. The maximum contribution amount for 2019 is \$2,650. Employees also have the ability to set aside pre-tax dollars into a Dependent Care Flexible Spending account to be used for eligible dependent care expenses.

### Disability (STD & LTD)

The disability coverage is in place to help supplement your income in the event of a illness or off job accident. You will receive 60% of your salary starting on day 15 of your accident or illness that prevents you from working and would continue until you are able to return to work with a maximum benefit period to your Social Security Normal Retirement Age. The cost for STD benefit is based on your age. Bryan County provides LTD coverage at no cost to you. There is a pre-existing conditions limitation for STD and LTD.

### Employee Assistance Program (EAP)

The EAP is a confidential program where employees and their dependents are eligible for counseling, consultation, or referral services through Lincoln/ComPsych. Common examples are stress, family crisis, work-related difficulties, and many others.

### Supplemental Plans

These plans are available through Allstate, ARAG or Texas Life, and include coverages for Critical Illness, Accident, Hospital Indemnity, Cancer (Allstate), Permanent Life Insurance (Texas Life) and legal services (ARAG).

### Online Enrollment Portal

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

**Open enrollment will be held Wednesday, November 14th through Friday, November 30th. Enrollers will be available in person on November 28-29.**

### Cost Per Pay Period (26)

Coverage Tier	Low Medical Plan	High Medical Plan	Dental	Vision	Basic Life and AD&D	STD	LTD
Employee	\$14.77	\$47.84	\$3.84	No cost to you	No cost to you	Age banded	No cost to you
Employee + Spouse	\$128.23	\$161.30	\$15.29	\$1.69	\$2.11	NA	NA
Employee + Child(ren)	\$105.47	\$135.23	\$19.62	\$2.04	\$2.11	NA	NA
Employee + Family	\$263.66	\$317.68	\$31.08	\$4.30	\$2.11	NA	NA

### Benefit/Enrollment Questions

ShawHankins  
1-800-994-7429  
[www.shawhankins.com](http://www.shawhankins.com)

### Medical Benefits

Anthem Blue Cross and Blue Shield  
1-855-397-9269  
[www.bcbsga.com](http://www.bcbsga.com)

### Dental Benefits

Anthem Blue Cross and Blue Shield  
1-855-397-9269  
[www.bcbsga.com](http://www.bcbsga.com)

### Vision Benefits

Anthem Blue Cross and Blue Shield  
1-855-397-9269  
[www.bcbsga.com](http://www.bcbsga.com)

### Life and A&D Benefits

Lincoln Financial  
1-800-423-2765  
[www.lfg.com](http://www.lfg.com)

### Disability

Lincoln Financial  
1-800-423-2765  
[www.lfg.com](http://www.lfg.com)

### Flexible Spending Accounts

TASC  
1-800-422-4661  
[www.tasconline.net](http://www.tasconline.net)

### Teladoc

New Benefits  
1-800-800-7616  
[www.mymemberportal.com](http://www.mymemberportal.com)

### EAP

Lincoln/Compsych  
1-888-628-4824  
[www.GuidanceResources.com](http://www.GuidanceResources.com)

### Allstate

1-800-521-3535  
[www.allstate.com](http://www.allstate.com)

### Texas Life

1-800-283-9233  
[www.texaslife.com](http://www.texaslife.com)

### ARAG

1-800-247-4184  
[www.araglegalcenter.com](http://www.araglegalcenter.com)