



2023 BENEFITS ENROLLMENT GUIDE

**Human Resources
Department**

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770.794.5562



NFP Service Center

NFPseCustomerService@nfp.com
800.994.7429



Welcome to your 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 Benefits Enrollment Guide is structured to provide you with plan highlights as well as detailed instructions to assist you in navigating through the web-based enrollment portal.

While the Benefits Enrollment Guide is an important component in the benefit communication process, your dedicated NFP 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 Benefits Enrollment Guide and consider 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 continuum of protection that complements the City of Marietta's leave policies and retirement plans. The plan year is in effect from January 1, 2023, to December 31, 2023.

This Benefits Enrollment Guide is intended for orientation purposes only. It is an abbreviated overview of the plan documents. Please refer to the plan documents available from the respective carriers for complete details. Your plan documents will provide detailed information regarding copayments, coinsurance, deductibles, covered benefits, exclusions, and other benefits. The plan documents 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.

Mid-year updates to the Benefits Enrollment Guide will be made on the electronic version at [City of Marietta Benefit Resource Center](https://cityofmariettabenefits.net/cityofmarietta/enrollment/) or <https://shawhankinsbenefits.net/cityofmarietta/enrollment/>.

NOTICE: The City/BLW health insurance plan is subject to any relevant federal or state law and any resulting changes could be implemented during plan year.

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 44 for more details.

Eligibility & Qualifying Events

ELIGIBILITY

Active full-time employees of the City of Marietta are eligible for all benefits. Eligible retirees may receive health, dental, vision, and life insurance benefits at the specified premium if one applies.

The spouse and dependent children of the employee are also eligible to participate in our benefit plans. Eligible dependents are classified as:

- Your legal spouse who resides in the United States.
- Your dependent child(ren), including biological children, legally adopted, stepchildren, and children for whom you have been appointed guardian.

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.

CHANGE IN STATUS

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 under Section 125 of the Internal Revenue Code.

- 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 benefits coverage through your spouse; a change in dependent 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 NFP at 800-994-7429 to speak with a benefit consultant regarding enrollment due to a Qualifying Event.

Additional items for retirees:

- Waiving coverage as a retiree is an irrevocable decision. Once coverage has been waived, you are ineligible to come back onto the plan.
- Retirees who change coverage tiers from dependent coverage to single coverage are also not allowed to later add dependent coverage.

Benefit Resource Center

NFP provides the **City of Marietta** Employees a Benefit Resource Center website that gives you access to all of the plan details needed to make decisions on your benefit elections. The Benefit Resource Center contains information on the following topics:

- Employee Benefits
 - Medical and Pharmacy
 - Health Clinic
 - Dental
 - Vision
 - Life and Disability
 - Voluntary Benefits
 - Employee Assistance Program
 - Flexible Spending Accounts
 - Retirement Plans
- Qualifying Life Events
 - Enrollment
 - NFP Enrollment Portal
 - Enrollment Presentation
 - Employee Discounts
 - Contacts

For easy access, we have included important documents and links to your benefit information along with access to the bswift enrollment system on the enrollment page of the website. The Benefit Resource Center also includes videos that discuss a high-level overview of the benefit plans that you have available. Please access the **Benefit Resource Center** site from the bswift login page at <http://cityofmarietta.bswift.com> to view important information pertaining to each of your benefits. Remember, if you still have questions, please contact the NFP Service Center at 800-994-7429.

Open Enrollment Memo

The City of Marietta's annual Open Enrollment is from **October 17, 2022, through November 4, 2022.**

Managing health care costs and analyzing the future impact of health care reform continues to be a great challenge for the City of Marietta. While some factors that contribute to our rising health care costs are related the continuously changing landscape of health care reform, other factors are a direct result of the choices or decisions that plan members make. City contributions are increasing 7.4%, but active premiums will remain the same and costs will not be passed to the employees.

Please remember Open Enrollment is your opportunity to:

- Compare plan designs, plan costs, and determine which benefit plans will best suit your needs for the 2023 plan year.
- Make changes such as:
 - adding or removing coverage;
 - adding or removing dependents; or
 - switching plans (ex: changing to the Buy-Up plan from the Base Plan)

The elections you make during Open Enrollment will become effective with the new plan year beginning **January 1, 2023.**

There will be no changes to the Anthem medical and dental plans or the corresponding deductions. The Medicare Advantage plan will move to Humana. There will be no changes to the deductions for vision on either plan, but there will be an enhancement to the frame allowance on the Buy-Up plan. The Health Care Flexible Spending Account limit will increase to \$3,050 for the upcoming plan year and the rollover limit will increase to \$610. Life and Disability will move to MetLife; all employees will continue at their current volume and cost (unless you are moving to a new age bracket and/or receive a salary change) if no change is made during open enrollment.

You are required to make an election for the 2023 plan year to begin or continue your participation in the Flexible Spending Accounts.

Elections and changes will be processed through bswift, our online enrollment system serviced by NFP. 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 best option for you. If you have questions or need assistance, please contact your Human Resources Department. Educational Videos will be available on the Benefit Resource Center on the enrollment page.

If you would like assistance making changes to your benefits or if you simply have questions, please sign-up for an on-site or telephonic appointment with an NFP Benefit Consultant. You can also make your election changes online on your own or with the support of the NFP service center at 800-994-7429. You can view plan documents, contact information, and additional benefit information by accessing the Benefit Resource Center from the bswift login page at <http://cityofmarietta.bswift.com>.

Open Enrollment Education Schedule

NFP and Human Resources will be conducting several educational meetings, as outlined below, during the first week of Open Enrollment.

While these meetings are not mandatory, you are encouraged to attend.

Educational Meetings		
Date	Time	Location
October 13, 2022	10:00 am – 11:00 am	Council Chamber (Active Employees)
October 13, 2022	2:00 pm – 3:00 pm	Council Chamber (Pre-65 Retirees)
October 18, 2022	7:00 am – 8:00 am	BLW Electrical Break Room (Active Employees)
October 18, 2022	10:00 am – 11:00 am	Council Chamber (Post-65 Retirees)
October 18, 2022	2:00 pm – 3:00 pm	Council Chamber (Active Employees)
October 19, 2022	6:45 am – 7:45 am	Public Works (Active Employees)
October 20, 2022	7:00 am – 8:00 am	BLW Water Break Room (Active Employees)

Open Enrollment Assistance Schedule

NFP will be conducting educational meetings that can be viewed on the Benefit Resource Center site on the Enrollment page. Please access the Benefit Resource Center site from the bswift login page at <http://cityofmarietta.bswift.com>.

We will be offering on-site enrollment assistance and telephonic enrollment assistance this year. Additionally, the Department of Human Resources and Risk Management will be available for enrollment assistance if needed. Please contact Human Resources at 770-794-5562 to schedule an appointment. 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 a virtual or telephonic appointment with a NFP Benefit Consultant. They will be available as shown in the schedule below. You can also make your election changes online or with the support of the NFP Service Center.

We highly recommend that employees login to bswift to review their benefit/beneficiary information, as well as your demographics. Also, please remember that FSA elections do not roll over each year, so employees must re-enroll to continue participation.

Enrollment Assistance Schedule

Date	Time	Location
October 24, 2022	8:00 am – 5:00 pm	Custer Park
October 25, 2022	8:00 am – 5:00 pm	Fire Conference Room B & C
October 26, 2022	8:00 am – 5:00 pm	Public Works Operations Building
October 27, 2022	8:00 am – 5:00 pm	BLW Training Room
October 28, 2022	8:00 am – 5:00 pm	Human Resources Training Room

To schedule an appointment with an NFP benefit consultant, please click on the following link ([City of Marietta Enrollment Appointment](#)) or go to <https://agagg9unuq.timetap.com>).

BEFORE YOU ENROLL

How to Enroll in Benefits for the 2023 Plan Year

Employees must enroll 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.

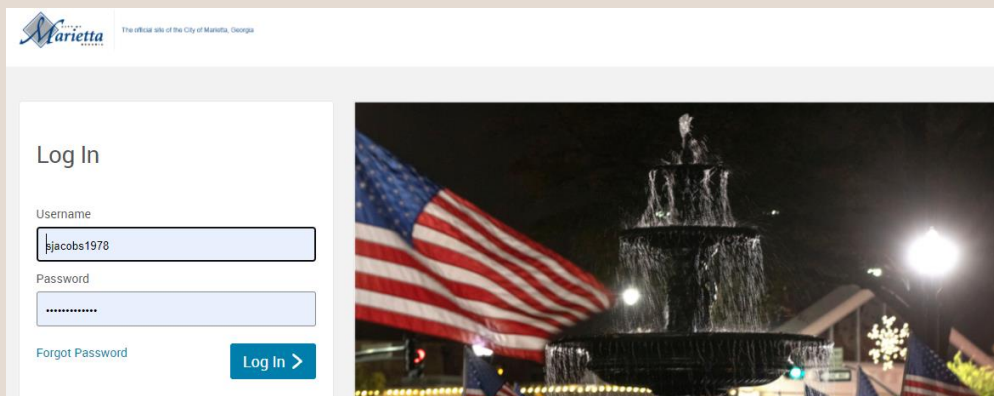
Please follow these directions for the benefits enrollment:

- Your username is your first initial, last name, and year of birth. (ex: jdoe1982)
- 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 on the Benefit Resource Center website.

NFP will be available to assist employees during the Enrollment Assistance Period, **October 24 to October 28**. The Enrollment Assistance Period is part of the larger open enrollment from October 17 through November 4.

If you do not make elections through the online system, your coverage will roll over for the 2023 plan year. You will not be permitted to make changes after the open enrollment period unless you experience a qualifying event.

However, if you wish to participate in the health care and/or dependent care flexible spending accounts during calendar year 2023, you must make your elections during open enrollment. Regardless of your participation status during calendar year 2022, your deductions will default to \$0 for 2023 unless you re-enroll. Please contact NFP at 800-994-7429 or the Human Resources Department at 770-794-5562 if 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. Check "I agree" once you verify your information is correct after both the demographics screen and the family screen.

Welcome to your enrollment!

Enrollment Deadline 11/8/2019

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 WAIVED
You have waived this benefit.
Completed [View Plan Options](#)

Dental WAIVED
You have waived this benefit.
Completed [View Plan Options](#)

1 Your Info
2 Your Benefits
3 Enroll
4 Complete

Your Cost per pay period **\$3.63**

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.

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 WAIVED
You have waived this benefit.
Completed [View Plan Options](#)

Dental WAIVED
You have waived this benefit.
Completed [View Plan Options](#)

1 Your Info
2 Your Benefits
3 Enroll
4 Complete

Your Cost per pay period **\$3.63**

Finished selecting benefits? Click the button below to continue.
[Continue](#)

- 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.

CURRENT PLAN

BCBS Open Access POS
BLUE CROSS BLUE SHIELD OF GA

Selected
[View plan details](#)

BlueCross BlueShield of Georgia

Your Cost per pay period: **\$12.68**
Tier: Employee

[Keep Selection](#)

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 side as you continue through the enrollment process. Once you have finished selecting benefits, click the **Continue** button on the right side.



Voluntary Employee Critical Illness

NO PLAN SELECTED

I don't want this benefit (waive)

View Plan Options



Voluntary Spouse Critical Illness

NO PLAN SELECTED

I don't want this benefit (waive)

View Plan Options

4 Complete

Your Cost per pay period

\$16.61

Finished selecting benefits? Click the button below to continue.

Continue

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

Basic Employee Life

Please choose your beneficiaries

Primary Beneficiaries (required)

Name	Percentage
My Estate (Employee)	<input type="text"/> %
spouse test (Spouse)	<input type="text" value="100.0"/> %
Total: 100.0000%	

3

Enroll

4

Complete

Beneficiaries

Review and Confirm

Your Cost per pay period

\$16.41

Continue

- 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.

Lincoln Long Term Disability

Coverage: 1 X Salary \$4,166

Lincoln Financial

Cost Details Per Pay Period

Total Premium	\$1.58
Employer Contribution	\$0.00
Your Cost (pre-tax)	
Your Cost (post-tax)	\$1.58

Edit Selection

4 Complete

Complete Enrollment

Once You've Reviewed All Your Selections:

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.

☐ I agree, and I'm finished with my 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.



Medical Benefits



In-Network Single / Family	
Plan Deductible (per calendar year)	\$1,000 / \$3,000
Coinsurance	80%
Out-of-Pocket Maximum (includes coinsurance, deductible and copays)	\$7,350 / \$14,700
Preventive Services	Covered 100%
Office Visits	
Primary Care Physician	\$35 copay
Specialist	\$40 copay
Emergency Services	
Urgent Care Clinic	\$75 copay
Hospital Emergency Room	\$200 copay + 20%
Hospital	
Outpatient Facility	80% after deductible
Inpatient Facility	\$500 copay then 80% after deductible
Retail Prescriptions	
Tier 1 – Generic Drugs	\$10
Tier 2 – Preferred Drugs	\$45
Tier 3 – Non-preferred Drugs	\$75
Tier 4 – Specialty Drugs	20% to \$450
Tier 5 – Non-Preferred Specialty Drugs	10%
Home Delivery Prescriptions – 90 Day Supply	
Tier 1 – Generic Drugs	\$20
Tier 2 – Preferred Drugs	\$90
Tier 3 – Non-preferred Drugs	\$150
Tier 4 – Specialty Drugs	Not Available
Tier 5 – Non-Preferred Specialty Drugs	Not Available

Anthem Medical Plan – PPO Grandfathered Employees



	In-Network Single / Family	Out-of-Network Single / Family
Plan Deductible (per calendar year)	\$1,100 / \$3,300	\$1,500 / \$4,500
Coinsurance	80%	70%
Out-of-Pocket Maximum (includes coinsurance, deductible and copays)	\$7,350 / \$14,700	No Maximum
Preventive Services	Covered 100%	70% after deductible
Office Visits		
Primary Care Physician	80% after deductible	70% after deductible
Specialist	80% after deductible	70% after deductible
Emergency Services		
Urgent Care Clinic	80% after deductible	70% after deductible
Hospital Emergency Room	80% after deductible	70% after deductible
Hospital		
Outpatient Facility	80% after deductible	70% after deductible
Inpatient Facility	\$500 copay then 80% after deductible	\$300 copay then 70% after deductible
Retail Prescriptions		
Tier 1 – Generic Drugs		20%
Tier 2 – Preferred Drugs		25%
Tier 3 – Non-preferred Drugs		30%
Tier 4 – Specialty Drugs		30%
Tier 5 – Non-Preferred Specialty Drugs		10%
Home Delivery Prescriptions – 90 Day Supply		
Tier 1 – Generic Drugs		Co-insurance Applies
Tier 2 – Preferred Drugs		Co-insurance Applies
Tier 3 – Non-preferred Drugs		Co-insurance Applies
Tier 4 – Specialty Drugs		Co-insurance Applies
Tier 5 – Non-Preferred Specialty Drugs		Co-insurance Applies



In-Network Single / Family	
Lifetime Maximum	Unlimited
Plan Deductible (per calendar year)	None
Out-of-Pocket Maximum (includes coinsurance, deductible and copays)	\$2,400 Per Person
Preventive Services	Covered 100%
Office Visits	
Primary Care Physician	\$5 copay
Specialist	\$10 copay
Emergency Services	
Urgent Care Clinic	\$35 copay
Hospital Emergency Room	\$65 copay
Hospital	
Outpatient Facility	\$100 copay
Inpatient Facility	\$250 copay per admit
Retail Prescriptions	
Tier 1 – Generic Drugs	\$10
Tier 2 – Preferred Drugs	\$25
Tier 3 – Non-preferred Drugs	\$40
Tier 4 – Specialty Drugs	\$40
Home Delivery Prescriptions – 90 Day Supply	
Tier 1 – Generic Drugs	\$20
Tier 2 – Preferred Drugs	\$50
Tier 3 – Non-preferred Drugs	\$80

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

Important Medical & Pharmacy Information

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.

DID YOU KNOW?

Plan members can access the national network of providers. With this national network, plan members will receive the same in-network benefits with any participating provider, regardless of location. The network gives employees access to doctors, hospitals, and other health care providers across the country.

PRESCRIPTION HOME DELIVERY PROGRAM

For prescription medications you take regularly to treat ongoing conditions (such as medications used to treat high-blood pressure or diabetes), you may fill a 90-day supply through Home Delivery from the Express Scripts Pharmacy.

To start using the Express Scripts Pharmacy Home Delivery program, you will need a new prescription from your doctor.

You may want to ask your doctor to write you a prescription for a 30-day supply of medication to be filled at a retail pharmacy and one for a 90-day supply to be filled through the Express Scripts Pharmacy so that you have medication on hand while your mail order prescription is being filled. Choose one of these options for submitting the new prescription:

Online: Register at www.express-scripts.com and start Home Delivery via ePrescribe, where the doctor sends your prescription electronically to the Express Scripts Pharmacy.

By fax: Ask your doctor to fax your prescription. Your doctor may obtain fax forms by calling 1-888-EASYRX1 (1-888-327-9791) (Only doctors can fax prescriptions.)

By mail: Complete an order form for Home Delivery from the Express Scripts Pharmacy. Forms are available at www.express-scripts.com. Return the complete order form, along with your written prescription, to the address on the form.

HOW TO LOCATE AN ANTHEM BCBS PROVIDER

- Visit www.anthem.com. (You may register for an account and login.)
- Click on "Find Care."
- You can search using "XKT" as the alpha prefix of the member identification number.
- Select relevant search options.

Numbers To Know

DEDUCTIBLE

POS in-network deductible:

- Individual deductible: \$1,000
- Family deductible: \$3,000

OUT-OF-POCKET MAXIMUM

POS in-network out-of-pocket maximum:

- Medical: Individual \$7,350 & Family \$14,700
- Pharmacy: Combined with medical

COINSURANCE

POS in-network coinsurance:

- 80%



Medical Premiums – Active Employees

ACTIVE EMPLOYEE POS
HIRED PRIOR TO NOVEMBER 1, 2006

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

ACTIVE EMPLOYEE POS
HIRED NOVEMBER 1, 2006, OR LATER

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

ACTIVE EMPLOYEE PPO
HIRED PRIOR TO NOVEMBER 14, 1996

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

HEALTH BENEFIT WAIVER OPTION:

Employees may choose to waive enrollment in the city's health and dental insurance plans, and instead receive up to a \$500 contribution match from the city into the health care Flexible Spending Account.

To participate in this plan, the employee must complete an affidavit attesting to having health insurance coverage from a provider other than the City. If you do not choose to contribute to the Flexible Spending Account, there will be no match from the City.

Medical Premiums – Retirees

NON-MEDICARE ELIGIBLE, HIRED PRIOR TO AUGUST 14, 1991

	Monthly Premium	Comments
Single POS	\$0.00	City pays 100% Single POS and Single PPO. Family rate is paid by employee 100%, but frozen at retirement.
Family POS	\$1,200.00	
Single PPO	\$0.00	
Family PPO	\$2,412.00	

NON-MEDICARE ELIGIBLE, HIRED AUGUST 14, 1991 TO OCTOBER 31, 2006

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

	Monthly Premium	Comments
20 + years of service		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.
Single POS	\$0.00	
Family POS	\$1,200.00	
Single PPO*	\$0.00	
Family PPO*	\$2,412.00	
15-19 years of service		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%.
Single POS	\$154.72	
Family POS	\$1,200.00	
Single PPO*	\$310.69	
Family PPO*	\$2,613.00	
10-14 years of service		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%.
Single POS	\$386.81	
Family POS	\$1,200.00	
Single PPO*	\$776.74	
Family PPO*	\$2,915.00	
<10 years of service		Employee pays 100% for single and family rates.
Single POS	\$773.62	
Family POS	\$2,474.83	
Single PPO*	\$1,553.47	
Family PPO*	\$4,969.23	

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

Medical Premiums – Retirees

NON-MEDICARE ELIGIBLE, HIRED ON OR AFTER NOVEMBER 1, 2006

	Monthly Premium	Comments
20+ years of service		
Single POS	\$116.04	City pays 85% Single POS (rate not frozen at retirement). Family rate is paid by employee 100%.
Family POS	\$2,474.83	
10-19 years of service		
Single POS	\$773.62	Employee pays 100% for single and family rates.
Family POS	\$2,474.83	
<10 years of service	N/A	Not eligible to purchase insurance

MEDICARE ELIGIBLE, HUMANA MEDICARE ADVANTAGE (PPO)
Hired between August 14, 1991, and October 31, 2006

	Monthly Premium
20 + years of service*	
Retiree	\$0.00
Spouse	\$221.20
15-19 years of service	
Retiree	\$44.24
Spouse	\$221.20
10-14 years of service	
Retiree	\$110.60
Spouse	\$221.20
<10 years of service	
Retiree	\$221.20
Spouse	\$221.20

***Also includes those hired before August 14, 1991**

MEDICARE ELIGIBLE, HUMANA MEDICARE ADVANTAGE (PPO)
Hired on or after November 1, 2006

	Monthly Premium
20 + years of service*	
Retiree	\$33.18
Spouse	\$221.20
10-19 years of service	
Retiree	\$221.20
Spouse	\$221.20
<10 years of service	
Retiree	Ineligible
Spouse	Ineligible

Health Clinic and Wellness

The 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 available programs to keep you and your dependents (children age 9 and older) healthy throughout the year.

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 - 2pm
Saturdays:	8am - 12pm

HOME DELIVERY PROGRAM

At the provider's discretion, patients who are supplied with long-term, ongoing medications from the health center are eligible to receive them through Wellstar Health Clinic's home delivery program.

Be sure to speak with your Wellstar Health Clinic provider to take advantage of this program.

What are the benefits to you?

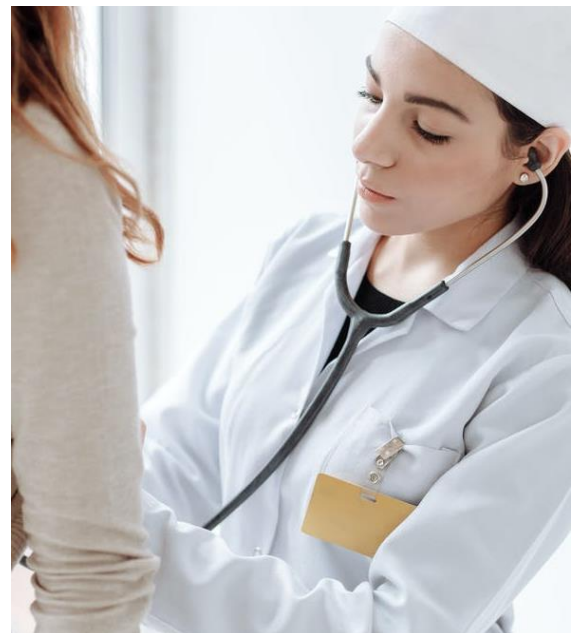
- No more long stays in the waiting room
- No out of pocket expense
- Increased convenience and access
- More one-on-one time with the doctor

Preventive Exams

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

Employee Medical Center

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



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 cover 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) and Child preventive care (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.

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)

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

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)



Wellness Program

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 Annual Health Assessment or "AHA" 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 AHA 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 AHA. An additional \$100.00 is available for those who are either not ordered to take a health coaching plan or complete one that is ordered. Although you are not required to complete the AHA or participate in the biometric screening, only eligible employees and spouses who do so will receive \$100.00 and be eligible for the second iteration of \$100.00.

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 AHA 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 personal 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 Wellstar Medical 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 Wellstar Health Clinic 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 the Director of Human Resources and Risk Management, at 770-794-5562, option 6.



Budgeting for Your Healthcare



With a flexible spending account (FSA), you can set aside money on a pre-tax basis from your paycheck to cover health care (medical, dental and vision) and dependent care.

City of Marietta offers these flexible spending accounts through TASC, whose services include:

- a debit card that provides a way to immediately access the funds in your FSA
- Expenses are limited to our elected annual maximum
- Automatic direct deposit in your bank or savings account

HEALTH CARE FSA

If you enroll in the health care FSA, you can contribute up to a maximum of \$3,050 in 2023. An advantage of enrolling in the health care FSA is that your full election is available for use on qualified expenses on the day your plan starts, even though your contributions are spread out over the calendar year.

Please note: If you choose to use a health care FSA, remember to plan your contributions carefully. Your expenses must be incurred no later than December 31, 2023, to be reimbursed from your FSA. You can submit claims for your qualifying 2023 expenses through March 31, 2024. You can rollover up to \$610 of unused funds. Maximum allowable contributions may change due to IRS regulations.

The following list provides examples of expenses eligible for reimbursement under IRS guidelines:

- | | |
|---|--------------------------------|
| • Non-covered medical expenses that qualify under Section 217 of the IRS code | • Office visit copays |
| • Deductibles | • Prescription medication |
| | • Over the counter medications |
| | • Vision and dental expenses |

Examples of non-eligible expenses include:

- | | |
|--------------------|--------------------|
| • Cosmetic surgery | • Health club dues |
| • Electrolysis | |

For a complete list of eligible medical and dependent care expenses, you may access publications #502 (healthcare) and #503 (dependent care) on the web at www.irs.gov.

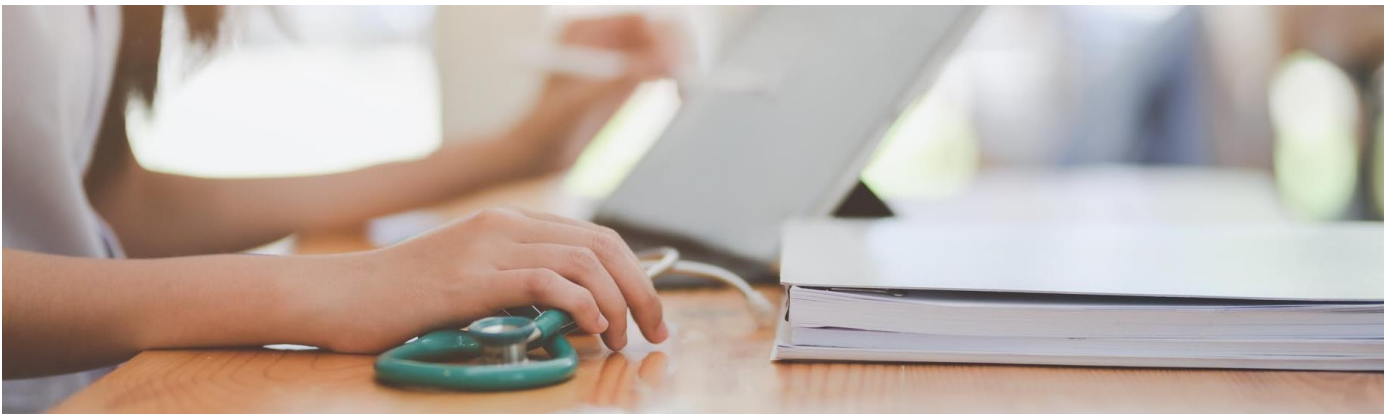


DEPENDENT CARE FSA

If you have child or elder care expenses, consider taking advantage of the dependent care FSA. You can use the dependent care FSA to set aside up to \$5,000 per year pre-tax dollars for child / elder care expenses while you work. Examples of eligible dependent care expenses include:

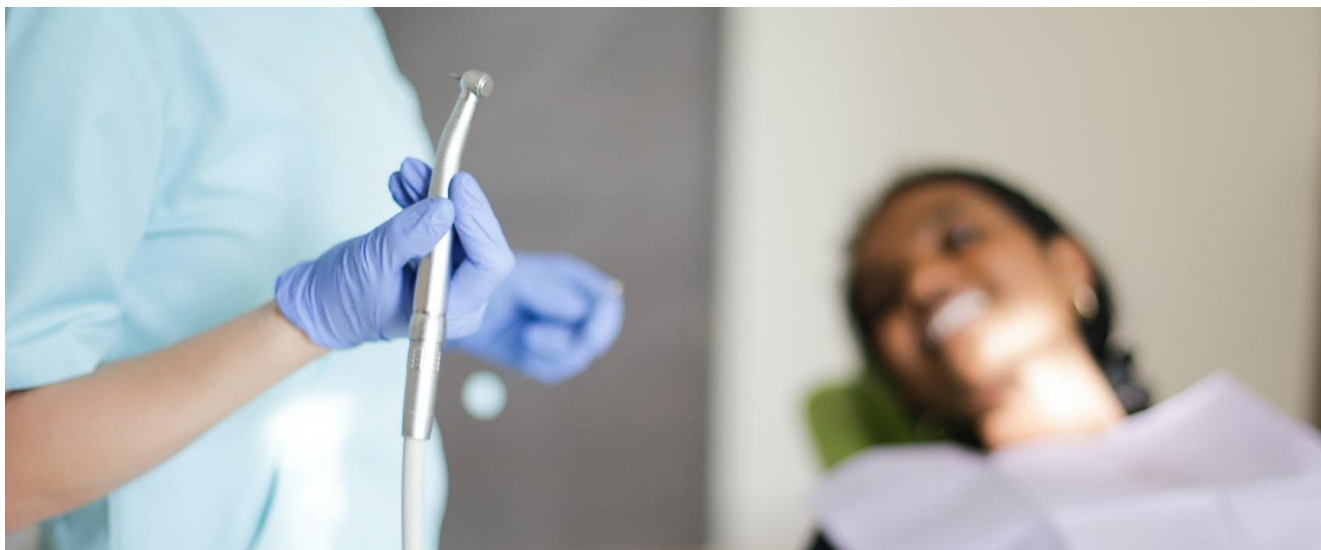
- Adult and Child Day care
- Nursery school
- Before- and after-school programs
- Summer day camps

The dependent care FSA is subject to the same reimbursement rules as the health care FSA. The Dependent Care FSA does not allow any unused funds to be rolled over. If you don't use your funds, you lose them. Important tax rules also apply to the dependent care FSA. You can't be reimbursed from your FSA for any expense that is also covered by a tax credit on your federal tax return. However, unlike the health care FSA, your full election for the plan year is not available on the day your plan starts. For the dependent care FSA, you can only be reimbursed for qualified expenses up to the amount you have contributed to your FSA up to that point in time. As your contributions accrue, claims for reimbursement can be processed.





Dental & Vision



The dental plans offered are passive PPO plans, which means that benefits are the same both in- and out-of-network. Although the benefits paid are the same in- and out-of-network, it is to your advantage to go to a provider in-network. Out-of-network providers have the option to balance bill you for the amount that is not covered. Your plan may cover some out-of-network costs, but the out-of-network provider is not obligated to accept Cigna's payment as payment in full. The provider can send you a bill for the remainder of the charges, even if it's more than our plan's out-of-network copay or deductible. To find an in-network provider, please go to www.anthem.com.

	Base Plan		Buy-up Plan
Calendar Year Deductible		Calendar Year Deductible	
Single	\$25	Single	\$25
Family	\$75	Family	\$75
Annual Benefit Maximum	\$1,000	Annual Benefit Maximum	\$1,500
	no deductible		no deductible
Coinsurance Levels		Coinsurance Levels	
Preventive Expenses <i>Periodic oral evaluation, Prophylaxis (cleanings), Bitewing X-rays</i>	100% after deductible	Preventive Expenses <i>Periodic oral evaluation, Prophylaxis (cleanings), Bitewing X-rays</i>	100% after deductible
Basic Expenses <i>Fillings, periodontics, oral surgery, simple extractions</i>	80% after deductible	Basic Expenses <i>Fillings, periodontics, oral surgery, simple extractions</i>	80% after deductible
Major Expenses <i>Endodontics, root canal, dentures, bridges, crowns</i>	50% after deductible	Major Expenses <i>Endodontics, root canal, dentures, bridges, crowns</i>	50% after deductible
Orthodontia	Not Available	Orthodontia	50% after deductible; \$1,000 lifetime maximum

LOCATING AN IN-NETWORK DENTAL PROVIDER

- www.anthem.com
- Click on "Find Care" at the top of the page
- Log in or choose "Select a Plan for Basic Search"
- Select the "Complete Dental" network

You may also contact Member/Patient Services at (855) 397-9269



City of Marietta provides you and eligible family members the opportunity to save on vision care services and products by purchasing vision coverage through Avesis. You can obtain eye care and supplies from any of the network's independent optometrists, ophthalmologists, opticians or at participating optical retailers. Limited benefits are also available if you choose non-network eye care professionals.

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

LOCATING A NETWORK PROVIDER

Visit www.Avesis.com

- Select "Provider Search"
- Enter your search criteria

OR you may contact Avesis Customer Service M-F, 7AM to 8PM (EST) at 800-828-9341 to receive a listing of providers in your area.

Dental & Vision Premiums – Active Employees

ANTHEM BCBS BASE DENTAL PLAN HIRED PRIOR TO NOVEMBER 1, 2006

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

ANTHEM BCBS BASE DENTAL PLAN HIRED NOVEMBER 1, 2006, OR LATER

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

AVESIS BASE VISION PLAN

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

ANTHEM BCBS BUY-UP DENTAL PLAN HIRED PRIOR TO NOVEMBER 1, 2006

	Weekly	Monthly
Employee	\$0.64	\$2.77
Employee + Spouse	\$3.21	\$13.91
Employee + Child(ren)	\$8.93	\$38.70
Employee + Family	\$12.34	\$53.47

ANTHEM BCBS BUY-UP DENTAL PLAN HIRED NOVEMBER 1, 2006, OR LATER

	Weekly	Monthly
Employee	\$1.36	\$5.89
Employee + Spouse	\$3.80	\$16.47
Employee + Child(ren)	\$9.63	\$41.73
Employee + Family	\$13.33	\$57.76

AVESIS BUY-UP VISION PLAN

	Weekly	Monthly
Employee	\$1.82	\$7.88
Employee + Spouse	\$3.20	\$13.88
Employee + Child(ren)	\$3.72	\$16.12
Employee + Family	\$4.68	\$20.28

Dental Premiums – Retirees

HIRED PRIOR TO AUGUST 14, 1991

	Base Plan Monthly	Buy-Up Plan Monthly	Comments
Retiree Dental	\$0.00	\$2.75	City pays 100% Single Dental. Family rate is paid by employee 100%, but frozen at retirement.
Retiree Family Dental	\$46.02	\$89.74	

HIRED AUGUST 14, 1991 TO OCTOBER 31, 2006

	Base Plan Monthly	Buy-Up Plan Monthly	Comments
20 + years of service			City pays 100% Single Dental. Family rate is paid by employee 100%, but frozen at retirement.
Retiree Dental	\$0.00	\$2.75	
Retiree Family Dental	\$46.02	\$89.74	
15-19 years of service			City pays 80% Single Dental. Single rate is frozen at retirement. Family rate is paid by employee 100%.
Retiree Dental	\$3.84	\$6.59	
Retiree Family Dental	\$49.86	\$93.58	
10-14 years of service			City pays 50% Single Dental. Single rate is frozen at retirement. Family rate is paid by employee 100%.
Retiree Dental	\$9.59	\$12.34	
Retiree Family Dental	\$55.61	\$99.33	
<10 years of service			Employee pays 100% for single and family rates.
Retiree Dental	\$19.18	\$21.93	
Retiree Family Dental	\$65.20	\$108.92	

HIRED AFTER OCTOBER 31, 2006

	Base Plan Monthly	Buy-Up Plan Monthly	Comments
20 + years of service			City pays 85% Single Dental. Family rate is paid by employee 100%.
Retiree Dental	\$2.88	\$5.63	
Retiree Family Dental	\$48.90	\$92.62	
10-19 years of service			Employee pays 100% for single and family rates.
Retiree Dental	\$19.18	\$21.93	
Retiree Family Dental	\$65.20	\$108.92	
>10 years of service	N/A	N/A	Not eligible to purchase insurance



Life & Disability

Life & Disability

BASIC LIFE AND AD&D – METLIFE

City of Marietta provides basic life insurance to all full-time employees equal to the benefit amount listed below:

- City Council Members and Part-Time Appointed Officials receive \$150,000 in coverage.
- Closed Group of Public Safety Employees receive \$40,000 in coverage.
- All other employees receive coverage equal to three times your annual earnings, to a maximum of \$300,000.

AD&D provides benefits in the event of death or serious injury as a result of a covered accident. City of Marietta provides you with AD&D insurance in the amount equal to your life insurance benefit. Both basic life and AD&D benefits will reduce by 50% at age 75.

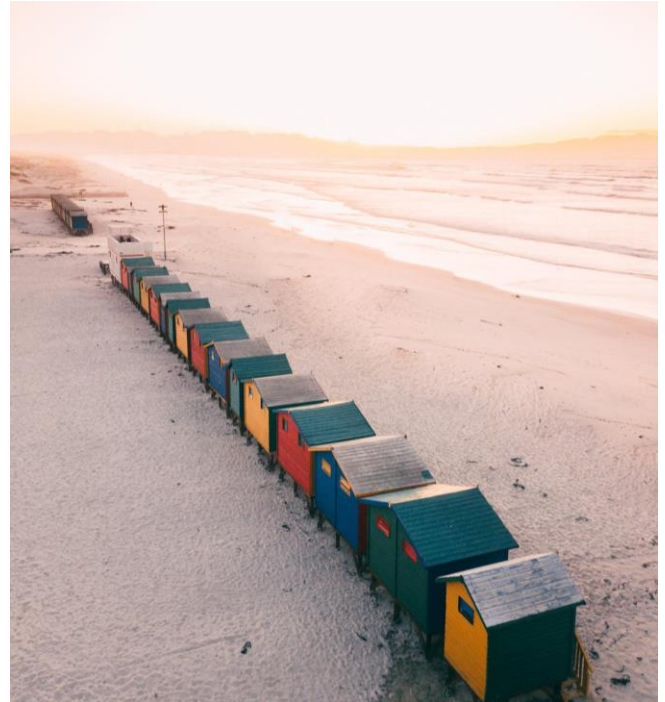
RETIREE BASIC LIFE AND AD&D – METLIFE

City of Marietta provides basic life insurance to all retirees who retired with city-funded basic life insurance in effect at the time of retirement.

- All eligible retirees covered under the Consolidated Retirement Plan receive \$25,000 in coverage
- All eligible retirees covered under a retirement plan in effect prior to March 1, 1987, receive \$20,000 in coverage

SHORT TERM DISABILITY – METLIFE

City of Marietta provides all full-time employees with the option to purchase Short Term Disability. In the event you are unable to work due to an illness, injury, accident or pregnancy, you will receive 60% of weekly earnings to a maximum of \$2,500 per week. Benefits begin on the 15th day after an accident or illness. Benefits are payable up to 24 weeks. If you have declined this coverage in the past and wish to add coverage at this time, there is a 3/6 pre-existing condition limitation/exclusion.



LONG TERM DISABILITY – METLIFE

City of Marietta also provides full-time employees with the option to purchase long term disability. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income. After 90 days of being disabled, employees are eligible for this benefit. It will pay 60% of monthly earnings to a maximum of \$5,300 per month. These benefits begin after 180 days of disability. You are eligible to continue to receive benefits until your Social Security Normal Retirement age as long as you remain disabled. If you have declined this coverage in the past and wish to add coverage at this time, there is a 3/12 pre-existing condition limitation/exclusion.

Life & Disability

VOLUNTARY TERM LIFE – METLIFE

- Employees are given the opportunity to purchase additional term life insurance and AD&D coverage for themselves, their spouse and / or their child(ren). The cost of the coverage is based on the age of the employee and the amount of coverage elected. The cost of coverage for dependent children is based on the amount of coverage elected.
- Employee:** Employees may purchase voluntary life coverage in \$10,000 increments, up to a maximum of \$420,000, not to exceed 5 x your annual salary. For new hires, proof of good health is required for any amounts above the \$200,000 guarantee issue amount.
 - Spouse:** Employees may purchase voluntary life coverage on their spouse in \$5,000 increments up to a maximum of \$100,000. For new hires, proof of good health is required for any amounts above the \$30,000 guarantee issue amount.
 - Child(ren):** Employees may purchase voluntary life coverage on their child(ren), ages 6 months through 25 years, in the amount of \$10,000.

During this 2023 Open Enrollment, employees may increase current coverage by up to two increments, not to exceed the Guarantee Issue amount, on themselves & their spouse without submitting proof of good health.

Note: Employees must participate in the Voluntary Term Life Plan in order to elect spouse or dependent life insurance coverage.

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT – METLIFE

Employees who elected voluntary term life insurance may also elect additional accidental death & dismemberment insurance for themselves, their spouse, and / or their child(ren). Employees may elect \$10,000 increments, up to a maximum of \$420,000, not to exceed 5 x your annual salary. \$5,000 increments up to \$100,000 for their spouse, and \$10,000 for their child(ren).

Monthly Cost to Employee Per \$1,000		
Age	Employee Rate	Spouse Rate
less than 30	\$0.100	\$0.060
30-34	\$0.130	\$0.070
35-39	\$0.160	\$0.090
40-44	\$0.190	\$0.120
45-49	\$0.280	\$0.180
50-54	\$0.480	\$0.280
55-59	\$0.890	\$0.430
60-64	\$1.130	\$0.720
65-69	\$1.670	\$1.180
70 +	\$2.570	\$2.020
AD&D	\$0.045	\$0.027
Child Life Rate	\$0.200	\$0.200
Child AD&D Rate	\$0.011	\$0.011

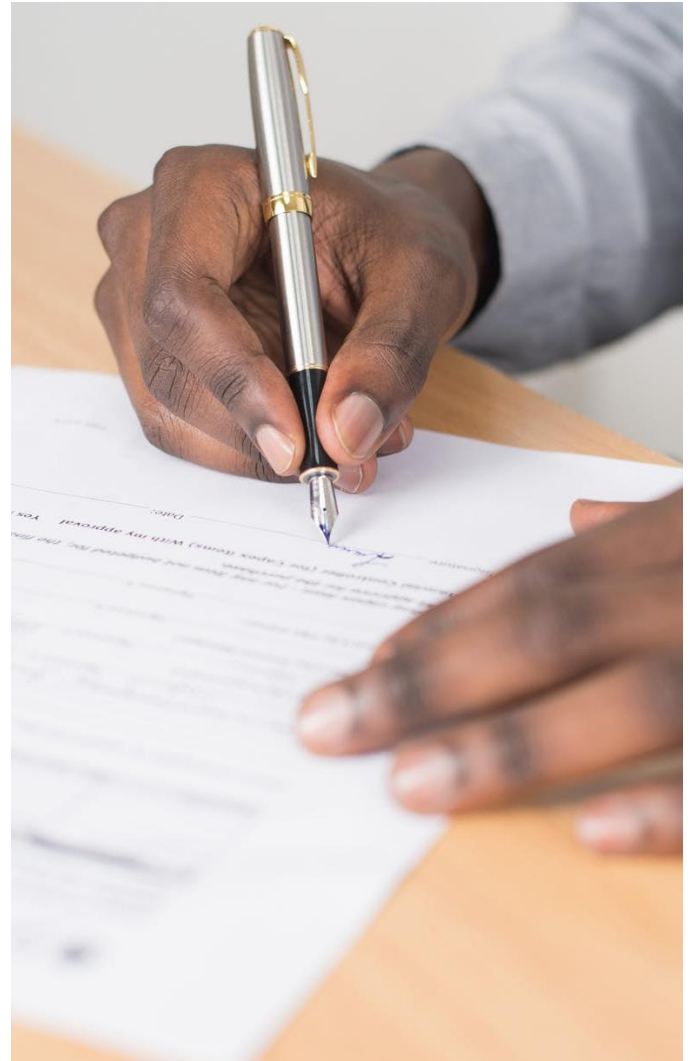


Employee Assistance Program

EMPLOYEE ASSISTANCE PROGRAM

An Employee Assistance Program (EAP) is provided at no cost to all full-time employees and their dependents. The EAP provides up to 33 free phone or video consultations with a licensed professional, for you and your dependents, per issue per calendar year. The program may also be used for:

- Family, Relationship & Parenting issues
- Work Difficulties
- Legal Services
- Financial Planning
- Identity Theft Recovery Services
- Health
- Other Personal Concerns



CONVENIENT AND CONFIDENTIAL HELP WHEN YOU NEED IT

Convenient and confidential help when you want it, how you want it Your program includes up to 3 phone or video consultations with licensed counselors for you and your eligible household members, per issue, per calendar year. You can call 1-800-638-3327 to speak with a consultant for assessment and referral.

Log on to www.feieap.com, username: marietta.



Additional Benefits

Additional Benefits

ACCIDENT INSURANCE – AFLAC

Group Accident Insurance (post-tax): can help prepare you and your family for the financial hardship that can be encountered when you experience an accident. Accident Insurance will pay out, directly to you, money based on a Schedule of Benefits. Whether you experience an accident at home or at work, this benefit allows you to receive funds to help pay for medical bills, replace income while you may be away from work, or help cover the mortgage or energy bill. Accident Insurance is not medical insurance but is meant to help offset any costs associated with an accident.

CRITICAL ILLNESS INSURANCE – AFLAC

Group Critical Illness (post-tax): Can help you and your family prepare for the financial stress that a critical illness can cause. Provided through Aflac, Critical Illness Insurance is designed to help offset costs associated with the initial occurrence of a heart attack, stroke, cancer or other serious illness as outlined in the policy.

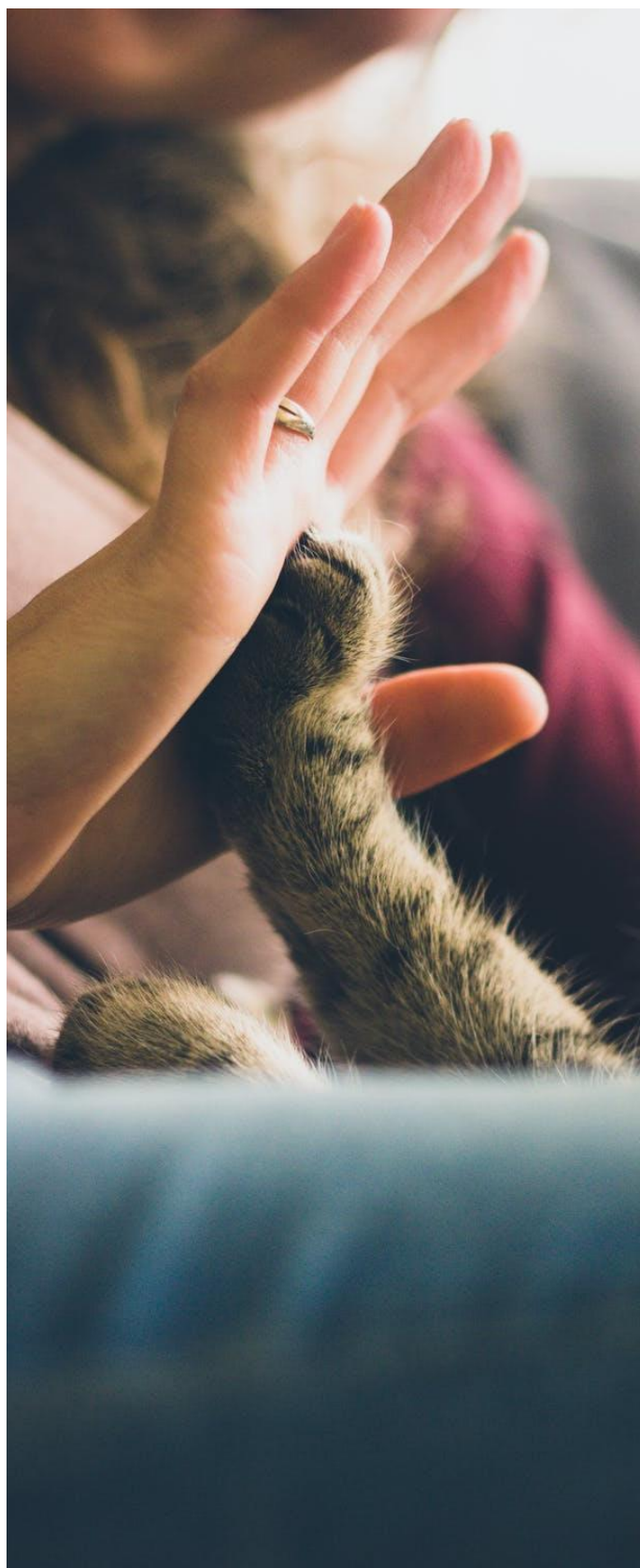
LEGAL INSURANCE – ARAG

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 \$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

If you have any questions, call 800-247-4184 to speak with an ARAG Customer Care Specialist, or for complete details on the coverage provided by your plan, visit **ARAGLegalCenter.com**.



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.

Here are some of 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.

Your doctor is one of the 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:

American Lung Association:
800-LUNGUSA, www.quitterinyou.org

Ready To Quit (Georgia):
877-270-STOP, dph.georgia.gov

American Cancer Society:
800-ACS-2345, cancer.org



Medicare Information

Are you turning 65 this year and still actively working? If so, here is what you 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 will receive the kit 60 to 90 days before your birthday.**

Please read the Medicare materials carefully. It is important that you know all you can before you decide 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 if you choose to enroll in Medicare Parts B or D.

Your coverage as an active employee is considered Creditable Coverage for Medicare Parts B and D. If 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.



Retirement Information

Retirement Benefits

Defined Benefit Pension Plan (Consolidated Retirement Plan for the Employees of the City of Marietta, Georgia): Full retirement benefits at age 65 or age 55 or more, with years of service plus age totaling 80. Early retirement benefits (reduced) at age 55 with at least 10 years of service. Employees hired on or after January 1, 2009, must serve a minimum of 10 years to vest in this plan. All others hired before January 1, 2009, had to serve 5 or 7 years and are already vested if still actively employed. Employees contribute 4% of earnings on a pre-tax basis.

Formula for those hired before January 1, 2009:

Final average earnings (highest three-year earning period divided by 36): _____ x

Credited service up to a maximum of 35 years: _____ x

2.1% multiplier

Normal Benefit = _____

Formula for those hired on or after January 1, 2009:

Final average earnings (highest five-year earning period divided by 60): _____ x

Credited service up to a maximum of 35 years: _____ x

2.1% multiplier

Normal Benefit = _____

More information regarding the City of Marietta Consolidated Retirement Plan here:
<http://www.mariettaga.gov/706/Pensions>

Defined Contribution Pension Plan (Supplemental Pension): In lieu of Social Security, the City contributes 6.13% of pre-tax earnings into a 401(a) pension plan for full-time employees after one year of service and 7.50% upon hire for part-time/temporary/seasonal employees. Funds are vested immediately. Employees save 6.20% of salary that would normally be paid into Social Security.

More information regarding the City of Marietta Supplemental Pension here:
<http://www.mariettaga.gov/768/Retirement-Plan-Documents>

View your employee Supplemental Pension account here: <https://www.icmarc.org/>

Deferred Compensation Retirement Plan (457 Plan): Employees have the option of contributing up to \$22,500 of pre-tax earnings (\$30,000 if age 50 or more) of pre- or post-tax earnings into a 457(b) retirement plan (amounts subject to change in 2022). Individual Roth IRAs, with limits of \$6,500 (\$7,500 for age 50 or more) are also available for post-tax contributions.

The City of Marietta has two 457(b) providers: MissionSquare Retirement and Nationwide.

More information regarding the City of Marietta 457 plans is here:
<http://www.mariettaga.gov/1181/Deferred-Compensation-Plans>

Education and Leave Benefits

Education Assistance Program: \$2,000 in tuition reimbursement per fiscal year (must reimburse 50% to the City if employee does not maintain employment for one year following last payment).

Sick leave: 10 accrued days per year for full-time employees (1.54 hours per week for general employees, and 2.16 hours per week for firefighters on a 24-hour shift). Four weeks of paid maternity leave authorized to full-time employees who give birth to a child and are eligible for FMLA.

<u>Vacation leave accrual schedule</u> (general employees)	Hours/ Week	Days/ Year
Initial employment to fifth anniversary	1.54	10
Fifth anniversary to tenth anniversary	2.31	15
Tenth anniversary to fifteenth anniversary	2.77	18
Fifteenth anniversary to twentieth anniversary	3.08	20
Twentieth anniversary to twenty-fifth anniversary	3.54	23
Twenty-fifth anniversary to termination	3.85	25

<u>Vacation leave accrual schedule</u> (fire employees on 24-hr shift)	Hours/ Week	Hours/ Year
Initial employment to fifth anniversary	2.15	112.0
Fifth anniversary to tenth anniversary	3.23	168.0
Tenth anniversary to fifteenth anniversary	3.88	201.6
Fifteenth anniversary to twentieth anniversary	4.31	224.0
Twentieth anniversary to twenty-fifth anniversary	4.95	257.6
Twenty-fifth anniversary to termination	5.38	280.0

Paid City Holidays

1. New Year's Day—January 1
2. Martin Luther King's Birthday—Third Monday in January
3. Spring Day—Friday before Easter
4. Memorial Day—Last Monday in May
5. Juneteenth – June 19
6. Independence Day—July 4
7. Labor Day—First Monday in September
8. Veterans Day – November 11
9. Thanksgiving Day—Fourth Thursday in November
10. Day after Thanksgiving—Friday after Thanksgiving
11. Christmas Eve—December 24
12. Christmas Day—December 25

Military Leave: 18 working days per federal fiscal year (October 1 to September 30) for general employees, and 9 shifts or 216 hours for firefighters who work a 24-hour shift.

Court Leave: Employees receive full pay when called to jury duty or subpoenaed as a witness.

Funeral Leave: Employees allowed up to five workdays (56 hours for 24-hour shift fire personnel) per calendar year in the event of a death in their family.



Important Notices

Important Notices

MEDICARE PART D 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 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 Anthem is, 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.

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through 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-month Special Enrollment Period to join a Medicare drug plan.

If you decide to join a Medicare drug plan, your current City of Marietta coverage will not be affected. See Annual Creditable Coverage Notice, which outlines the prescription drug plan provisions / options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D. If you do decide to join a Medicare drug plan and drop your current City of Marietta coverage, be aware that you and your dependents may not be able to get this coverage back.

You should also know that if you drop or lose your

current coverage with 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.

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, log onto www.medicare.gov, call 1.800.MEDICARE (1.800.633.4227), or call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number).

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For more information, visit socialsecurity.gov, or call 1.800.772.1213.

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).

Important Notices

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)
 If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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, 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, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible** for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

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 January 31, 2020. Contact your State for more information on eligibility.

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAUCO_nt.aspx Phone: 1-800-541-5555	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864

Important Notices

IOWA – Medicaid and CHIP (Hawki)	NEBRASKA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/member s_Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KANSAS – Medicaid	NEVADA – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	NEW YORK – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	OREGON – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075

Important Notices

PENNSYLVANIA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/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, Menu Option 4, Ext. 61565

Important Notices



CHILDREN'S HEALTH INSURANCE PROGRAM

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, 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 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.

WOMEN'S HEALTH AND CANCER RIGHTS

Under the Women's Health and Cancer Rights, any plan participant who elects breast reconstruction in connection with a covered mastectomy is also entitled to the following:

- All states of reconstruction of the breast on which the mastectomy was performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses and treatment of physical complications of the mastectomy, including lymphedemas.

Health plans must provide coverage of mastectomy-related benefits in a manner determined in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services are subject to deductibles and coinsurance amounts that are consistent with those of other benefits under the plan.



Contact Information

Contact Information

BENEFITS/ENROLLMENT QUESTIONS

NFP

NFPseCustomerService@nfp.com

800.994.7429

MEDICAL

Anthem

www.anthem.com

855.397.9269

MEDICARE ADVANTAGE

Humana

www.humana.com

800.457.4708

PHARMACY

Express Scripts

www.express-scripts.com

888.327.9791

DENTAL

Anthem

www.anthem.com

877.604.2158

VISION

Avesis

www.Avesis.com

800.828.9341

FLEXIBLE SPENDING

TASC

www.tasconline.com

800.422.4661

LIFE AND AD&D

MetLife

www.metlife.com

800.858.6506

Contact Information

DISABILITY

MetLife

www.metlife.com

800.858.6506

ACCIDENT & CRITICAL ILLNESS

Aflac

https://aflacgroupinsurance.com/customer_service/

800.433.3036

LEGAL

ARAG

www.araglegalcenter.com

800.247.4184

DEFINED BENEFIT PENSION PLANS

City of Marietta

<https://www.mariettagov/768/Retirement-Plan-Documents>

770.794.5562, option 3

401(a) SUPPLEMENTAL PENSION PLAN

MissionSquare Retirement

www.icmarc.org

800.669.7400

457 DEFERRED COMPENSATION PLAN

Nationwide

www.nrsforu.com

877.677.3678

457 DEFERRED COMPENSATION PLAN

MissionSquare Retirement

www.icmarc.org

800.669.7400

EMPLOYEE HEALTH CLINIC

Wellstar

TBD

EMPLOYEE ASSISTANCE PROGRAM

FEI

<https://www.feieap.com>

(username: marietta)

800.638.3327

What can the NFP Service Center provide for you?

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

Claim Resolution and Research: NFP can help you understand your Explanation of Benefits (EOB) as well as contact the insurance carriers on your behalf. NFP 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. NFP 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 service 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: NFP can assist you with questions regarding deductibles, copayments, and coinsurance. NFP can explain waiting periods, elimination periods and eligibility rules.

Explain Qualifying Events: Most benefit plans require that you have a Qualifying Event (like marriage, birth of a child or other life event) to make a change in your election anytime other than during open enrollment. NFP work with your employer to ensure that your change follows the rules of the plan, that your request is allowed within the appropriate timeframes, and that you give proper documentation of the event.

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

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

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

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

800-994-7429

NFPsecustomerservice@nfp.com

