



Open Enrollment 2019

Open Enrollment - 2019

Topics for Today

- Key Dates
- Your Action Steps
- What's New for 2019
- New On-line Enrollment System and Resources
- Plan Information (Medical, Dental, Life/Disability, Vision)
- Flexible Spending Accounts
- Supplemental Benefits
- Wellness
- Next Steps

Open Enrollment - 2019

Key Dates

bswift Online Enrollment Window

.....10/15/2018 – 10/26/18

Enrollment Deadline

.....Friday, 10/26 5:00 pm

New Benefits Effective

.....1/1/2019

First Paycheck with 2019 Bi-weekly Deductions

.....1/9/2019

Your Action Steps

- Review Open Enrollment Material
- Complete Enrollment via on-line enrollment system, ShawHankins Service Center, or with an enroller by the deadline, October 26th at 5:00 pm.
- Notify ShawHankins at 1-833-783-6385 if you have problems enrolling in BSWIFT.

Qualifying Life Event Changes

What is a Qualifying Life Event (QLE)

- Marriage
- Divorce
- Birth of a child
- Loss of other coverage
- Loss of dependent status

30 days to notify ShawHankins of the QLE

Appropriate documentation must be received before the change will become effective.

New for 2019

Medical

- Choice of two plans with Cigna
- Opportunity for wellness premium credit
- Spousal surcharge

Dental

- 100% Cobb EMC paid Value Plan for employee only coverage

Life

- Additional term coverage available for spouse and dependent child(ren)

Supplemental Benefits

- New group Aflac plans and Pet Insurance through Nationwide

Flexible Spending and Health Reimbursement Accounts

- New administrator – TASC
- Rollover up to \$500 in unused healthcare FSA funds to next plan year

New enrollment resources (on-line, phone, customer service & in person)

Enrollment Portal

HOW TO ENROLL

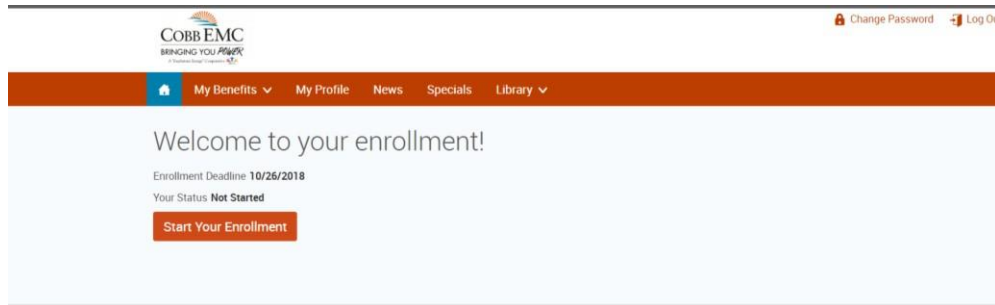
Go to www.cobbemc.bswift.com.

At this time, make sure to disable your pop up blocker

- At the enrollment website enter your Username and Password.
- Username is your work email address. Example (john.smith@cobbemc.com)
- Password is your 10-digit home phone number + your date of hire. Example (678535634110122010)
- You will then be prompted to create a new password.

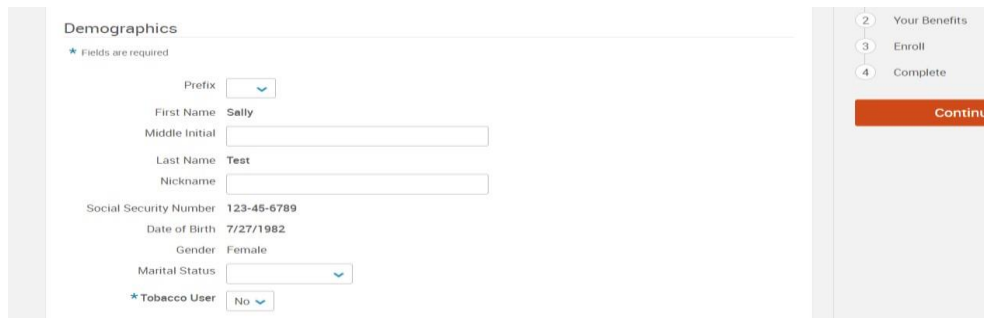
2019 Open Enrollment is from Monday, October 15th – Friday, October 26th

Enrollment Portal



The screenshot shows the COBB EMC Enrollment Portal home page. At the top left is the COBB EMC logo with the tagline "BRINGING YOU AHEAD". To the right are links for "Change Password" and "Log Out". Below the logo is a navigation bar with "My Benefits", "My Profile", "News", "Specials", and "Library". The main content area says "Welcome to your enrollment!" and "Enrollment Deadline 10/26/2018". It also indicates "Your Status Not Started" and features a prominent "Start Your Enrollment" button.

From the Home Page Click on the Start Your Enrollment link, to begin the election process



The screenshot shows the "Demographics" form. It includes fields for Prefix, First Name (Sally), Middle Initial, Last Name (Test), and Nickname. It also displays Social Security Number (123-45-6789), Date of Birth (7/27/1982), Gender (Female), Marital Status, and Tobacco User (No). A "Continue" button is visible on the right side of the form.

Review and update your demographic information as needed. Please include a phone number and email address if that information is missing.

Enrollment Portal

The screenshot shows the 'Family Information' section of the enrollment portal. At the top, there is a header with the text 'Family Information'. Below this, on the left, is a profile card for 'Sally Test', a 'Female Employee' who is '36 years old (7/27/1982)' with 'SSN: 123-45-6789'. Below the profile card is an 'Add Dependents' button with a plus sign icon. To the right of the profile card is a large 'Add Dependents' button with a plus sign icon. At the bottom left of the profile card is an 'Edit >' link. On the right side of the screen, there is a vertical progress indicator with four steps: 1. Your Info (Employee Information), 2. Your Benefits, 3. Enroll, and 4. Complete. The 'Your Info' step is currently active. Below the progress indicator is a 'Continue' button.

Review and confirm that the information on your dependents is correct. If you need to add dependents, click on the Add Dependents button.

The screenshot shows the benefit selection section of the enrollment portal. At the top, there is a message: '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.' Below this message are three benefit categories: 'Medical', 'Spousal Surcharge', and 'Dental'. Each category has a 'NO PLAN SELECTED' status and a 'View Plan Options' button. There is also a 'I don't want this benefit (waive)' button for each category. On the right side of the screen, there is a vertical progress indicator with four steps: 1. Your Info, 2. Your Benefits (currently active), 3. Enroll, and 4. Complete. Below the progress indicator, there is a box showing 'Your Cost per pay period' as '\$0.00'. Below this box is a message: 'Finished selecting benefits? Click the button below to continue.' At the bottom right of the screen is a 'Continue' button.

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



Enrollment Portal

← Back Medical

Who will be covered by this plan?

John Test
Employee

Jane Test
Spouse



[+ Add Dependents](#)

← Back [Continue](#)

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

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

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

<p>Blue Choice HMO BLUE CROSS BLUE SHIELD OF GA</p> <p>View plan details</p>		<p>Your Cost per pay period: \$71.02</p> <p>Tier: Employee</p> <p>Select</p>
<p>Blue Open Access POS & PPO BLUE CROSS BLUE SHIELD OF GA</p> <p>View plan details</p>		<p>Your Cost per pay period: \$65.69</p> <p>Tier: Employee</p> <p>Select</p>

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.

Enrollment Portal

 Dental	NO PLAN SELECTED
<input type="text"/>	I don't want this benefit (waive) View Plan Options
 Vision	NO PLAN SELECTED
<input type="text"/>	I don't want this benefit (waive) View Plan Options
 Basic Employee Life	\$0.00 <input type="checkbox"/> Your Cost per pay period

Your Cost per pay period \$71.02

Finished selecting benefits? Click the button below to continue.

[Continue](#)

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

Basic Employee Life

Please choose your beneficiaries

Primary Beneficiaries *(required)*

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Jane Test (Spouse)	100.00 %
James Test (Sibling)	<input type="text"/> %

Total: 100%

[Add New Beneficiary](#)

Add Secondary Beneficiaries *(optional)*

Secondary beneficiaries receive money if your primary beneficiaries are

- 1 Your Info
- 2 Your Benefits
- 3 Enroll **Beneficiaries**
- 4 Review and Confirm
- 5 Complete


Your Cost per pay period \$0.00

[Continue](#)

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

Enrollment Portal

Review and Confirm


 **Please Review All of Your Selections**

Once you have completed your review, click the "Complete Enrollment" button at right side of the page

CHANGED BENEFITS: [Medical](#) [Basic Employee Life](#)

*Indicates changed benefits

Your Total Cost	\$0.00 Per Pay Period
-----------------	---------------------------------

 **Medical***

Once You've Reviewed All Your Selections:

Participation

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.

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Review and Confirm

4 Complete

Complete Enrollment

Beneficiaries

Review and Confirm

4 Complete

Complete Enrollment

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.

Enrollment Portal



Your enrollment is complete!



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

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

Your Confirmation Statement is ready

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



VIEW



PRINT

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.

2019 Open Enrollment Assistance

- If you wish to schedule an appointment with a ShawHankins Benefit Counselor please visit <https://elvovrtq38.timetap.com>. Link available on My EMC.
- Select a location, date, and time. You will also need to provide your contact information.
- You will receive an email confirmation once your appointment has been scheduled.
- Walk ups are welcome however appointments will be taken first.
- If you meet with a ShawHankins Benefit Counselor to complete your enrollment, please review the emailed copy of your benefit confirmation statement to confirm that your elections are reflected appropriately. There will be no changes outside of open enrollment unless you experience a qualifying life event.

2019 Open Enrollment Assistance Schedule

Date	Locations	Time
Tuesday, October 16	Building 4000 Engineering Room 2 Building 4000 Lower Level Conference Room Building 1000 Room 1062 (Training Room) Building 1000 Room 1102 (Payroll)	6:30AM – 4:30PM
Thursday, October 18	Building 4000 Engineering Room 2 Building 4000 Lower Level Conference Room Building 1000 Room 1062 (Training Room) Building 1000 Room 1102 (Payroll)	6:30AM – 4:30PM
Tuesday, October 23	Building 4000 Engineering Room 2 Building 4000 Lower Level Conference Room Building 1000 Room 1062 (Training Room) Building 1000 Room 1102 (Payroll)	6:30AM – 4:30PM
Thursday, October 25	Building 4000 Engineering Room 2 Building 4000 Lower Level Conference Room Building 1000 Room 1062 (Training Room) Building 1000 Room 1102 (Payroll)	6:30AM – 4:30PM

Medical Insurance

2019 Wellness Program

- New Wellness Partner – Corporate Health Partners
- New Wellness Premium Credit
 - Complete on-line Health Risk Assessment PLUS Biometric Screening by December 15, 2018 = \$50 per month wellness premium credit
 - Spouses are eligible for \$100 gift card for completing both
 - Biometric Screening Events will be held on-site beginning in November
 - Results coaching and on-going coaching for high risk will be conducted
- Kick off meetings will be held in November

Spousal Surcharge

- Beginning January 1st, 2019, a spousal surcharge of \$50 per pay period will apply to all employees that cover a spouse on the medical plan in which the spouse is eligible for other coverage through his/her employer
- You will be asked in bswift to certify that you are not subject to the spousal surcharge if you choose to cover your spouse on the Cobb EMC medical plan

Health Reimbursement Arrangement (HRA)

- If you enroll in the Cigna medical plan, you will also receive an HRA, administered by TASC. Features of the HRA include:
- Contributions deposited into your account January, 2019:
 - Employee Only Coverage: \$300
 - Employee and 1 or more Dependents: \$600
- Use for out-of-pocket medical expenses such as your deductible, copays, coinsurance, and prescriptions.
- Funds accessible through the TASC Debit Card.
- Unused funds from 2018 rollover to 2019 in January. The maximum amount that you can have in your HRA cannot exceed the medical plan deductible.

Medical Insurance

- You will have two medical plans to choose from with Cigna. Both plans use Cigna's national network for providers. No referral is required from a PCP in order to see a specialist.
- You can locate a network provider by visiting www.cigna.com (for non-members) or www.mycigna.com (for current registered members)
- All employees must make an active medical election during open enrollment.

2019 Medical Plan Options

Plan Provisions	Cigna Low Plan	Cigna High Plan
Lifetime Maximum	Unlimited	Unlimited
Health Reimbursement Arrangement (HRA)	\$300 Employee Only \$600 Employee + 1 or more dependents	
Deductible	\$3,000 per person \$6,000 per family	\$3,000 per person \$6,000 per family
Coinsurance	80% plan / 20% member	100% plan / 0% member
Maximum Annual Out of Pocket Limit	\$5,000 per person \$10,000 per family	\$3,000 per person \$6,000 per family
	Out of Pocket Maximum includes deductible, coinsurance and all copays- Office Visit, Urgent Care, Emergency Room and Prescriptions	
Office Visits		
Primary Care Physician	\$40 copay	\$25 copay
Specialty Care Physician	\$50 copay	\$40 copay
Urgent Care Facilities	\$65 copay	\$40 copay

2019 Medical Plan Options

Plan Provisions	Cigna Low Plan	*Cigna High Plan
Routine Preventative Care	No Charge	No Charge
Hospital/Inpatient Services	20% after plan deductible	Subject to deductible
Outpatient Services	20% after plan deductible	Subject to deductible
Hospital Emergency Room	\$150 per visit copay + 20% copay waived if admitted	\$150 per visit copay + 20% copay waived if admitted
Prescription Drugs		
Generic	\$10 copay (\$20 mail order)	\$10 copay (\$20 mail order)
Brand	\$35 copay (\$70 mail order)	\$35 copay (\$70 mail order)
Non-Formulary	\$60 copay (\$120 mail order)	\$60 copay (\$120 mail order)
Specialty	25% to \$200	25% to \$200

*High Plan is the current 2018 plan with 2019 changes in red

2019 Medical Rates

	Low Plan		High Plan	
	Wellness Credit	Without Wellness Credit	Wellness Credit	Without Wellness Credit
Employee	-\$23.08	\$0.00	\$0.00	\$23.08
Employee + Spouse	\$62.94	\$86.02	\$111.43	\$134.51
Employee + Child(ren)	\$48.81	\$71.88	\$93.02	\$116.10
Family	\$152.22	\$175.30	\$222.56	\$245.64

Rates do not include the \$50 bi-weekly spousal surcharge.

Waive Medical Program

- Employees that choose to waive medical coverage will be eligible to receive \$298.22 bi-weekly as additional taxable income.
- You will be asked to certify in bswift, that you are covered under another health plan in order to be eligible.
- **The Waive Medical Program discontinued December 31, 2019.**

Dental Coverage

2019 Dental Plan Option

Plan Provisions	Cigna Value Plan	Cigna PPO Plan
Deductible (cal. Year) Single Family Max	\$50 \$100	\$50 \$100
Annual Benefit Max	\$1,000 calendar year	\$5,000 calendar year
Diagnostic/Preventive Services	100% coverage; no deductible	100% coverage; no deductible
Basic Treatment	80% coverage; subject to deductible	80% coverage; subject to deductible
Major Treatment	50% coverage; subject to deductible	50% coverage; subject to deductible
Orthodontia (children to age 19)	50% coverage up to a lifetime benefit maximum of \$1,000	50% coverage up to a lifetime benefit maximum of \$1,500

2019 Dental Rates

Coverage Tier	Cigna Value Plan Bi-Weekly	Cigna PPO Plan Bi-Weekly
Employee	\$0.00	\$7.30
Employee + Spouse	\$12.43	\$26.64
Employee + Child(ren)	\$12.63	\$26.94
Family	\$28.74	\$52.00

Basic Life

Employer Paid Life Insurance

- Cigna
- Basic Life & Accidental Death and Dismemberment
- 3X Your Annual Salary (Maximum of \$500,000)
- Spouse - \$2,500 Child(ren) - \$1,000

Voluntary Term Life

Voluntary Term Life Insurance

Benefit	Cigna Coverage
Employee Voluntary Life/AD&D	<p>You can purchase coverage in increments of \$25,000 up to a maximum of 5 x your annual salary not to exceed \$500,000.</p> <p>New Hires: You will have a guarantee issue (GI) amount of \$250,000 (not to exceed 5x your annual salary). Employee elections over GI will require Evidence of Insurability.</p>
Spouse Voluntary Life/AD&D	<p>You can purchase coverage in increments of \$10,000 to a maximum of \$250,000 not to exceed 50% of the elected employee amount.</p> <p>New Hires: You will have a guarantee issue amount of \$100,000.</p>
Child(ren) Voluntary Life	<p>You can purchase coverage in the amount of \$5,000 or \$10,000.</p> <p>New Hires: You will have a guarantee issue amount of \$10,000.</p>
Annual Enrollment	<p>Employee - Current participants are allowed a \$25,000 increase to their current coverage amount provided your amount does not exceed the GI.</p> <p>New for 2019: Eligible employees can purchase spousal coverage up to the GI of \$100,000 without answering medical questions.</p>

Disability

Short & Long Term Disability

Short Term Disability	Cigna Option 1 Employee Paid	Cigna Option 2 Employee Paid
Weekly Amount	66 2/3% to \$800 weekly	66 2/3% to \$1,600 weekly
Benefits Begin After (Elimination Period)	7 days (for sickness or injury)	7 days (for sickness or injury)
Maximum Benefit Duration	13 Weeks	13 Weeks
Pre-Existing Condition	None	None
Long Term Disability	Company Paid Benefit	
Monthly Benefit Amount	66 2/3% of your monthly salary to a maximum of \$10,000 per month	
Benefits Begin After (Elimination Period)	SSNRA (Social Security Normal Retirement Age)	
Maximum Benefit Duration	90 Days	
Pre-Existing Condition	3/12	

Vision Coverage

2019 Vision Plan - BCBS

Benefit	In-Network	Out-of-Network	Frequency
Vision Exam	\$10 copay	Up to \$48 allowance	Once every calendar year
Contacts Fitting Standard Premium	Member cost up to \$55 10% off retail price	Not covered	Once every other calendar year
Contact Lenses * Elective Medically Necessary	Up to \$100 allowance Covered in full	Up to \$87 allowance Up to \$210 allowance	Once every calendar year
Standard Plastic Lenses Single Vision Bifocal Trifocal	Covered in full after a \$10 copay	Up to \$36 allowance Up to \$54 allowance Up to \$69 allowance	Once every calendar year
Frames	Up to \$110 allowance; 20% off additional cost	Up to \$64 allowance	Once every other calendar year

2019 Vision Rates

Coverage Tier	Bi-Weekly
Employee	\$2.51
Employee + Spouse	\$4.39
Employee + Child(ren)	\$4.77
Family	\$7.28

Flexible Spending Accounts

Flexible Spending Account

- New administrator - TASC
- Medical Spending Account – contribute up to \$2,650 for:
 - Unreimbursed medical expenses: deductibles, co-payments, co-insurance, vision, and dental expenses
- New: May rollover up to \$500 in unused funds to next plan year
- Dependent Care Spending Account – contribute up to \$5,000 if head of household or are married filing joint return or up to \$2,500 if you are married filing a separate return

FSA Savings Example

Annual Salary:	\$35,000
Out-of-Pocket Medical/Dental Expenses:	\$ 1,000/year
Out-of-Pocket Dependent Care Expenses:	\$ 2,500/year

	<u>Without FSA</u>	<u>With FSA</u>
Gross Pay	\$ 35,000	\$ 35,000
FSA Contribution (health & dep care)	- \$ 0	- \$ 3,500
Taxable Income	\$ 35,000	\$ 31,500
Taxes (Fed, State, FICA) @ 25%	- \$ 8,750	- \$ 7,875
Out-of-Pocket Expenses	- \$ 3,500	- \$ 3,500
Reimbursement from FSA	+ \$ 0	+\$ 3,500
Take-Home Pay	\$ 22,750	\$ 23,625

You save \$875 per year!

Healthcare FSA: Eligible Expenses

Co-pays and deductibles

Prescription drugs/medications*

Dental/orthodontia care

Vision care

Disability expenses

Vaccinations

Smoking Cessation Programs

**OTC drugs/medications require a prescription or a Prescription Order Form to be eligible for FSA reimbursement.*

Ineligible Expenses:

- Insurance premiums
- Non-prescription OTC items*
- Cosmetic procedures
- Personal hygiene products
- Vitamins/supplements
- Diet products/food
- Health club fees
- Non-prescription glasses

Dependent Care FSA: Eligible Expenses

Daycare expenses

Before and after school care

Nanny expenses

Nursery school

Registration fees

Elder care

Ineligible Expenses:

- Tuition
- Transportation
- Activity fees/supplies
- Field trips
- Overnight camp

Supplemental Benefits

Aflac

New Group Aflac Products

- Universal Life
 - Long Term Care feature
 - Terminal Illness benefit
 - Family coverage available
- Critical Illness
 - Benefit amounts available from \$5,000 to \$50,000 for employee and up to 50% of the elected employee amount for spouse
 - Guarantee Issue Amount (\$30k EE and \$15k spouse)
 - Lump sum payment at time of diagnosis
 - Included but not limited to: heart attack, stroke, cancer, major organ transplant, end stage renal and coronary artery bypass (25%)
 - Wellness benefit available
- Hospital Indemnity
 - Payable for hospital confinement (\$1K per accident/sickness per yr. plus \$250 per day for confinement)
 - Intensive care benefit (\$500 per day up to 10 days)
- Accident
 - Payable for covered services related to an accident

Supplemental Benefits

Nationwide

Pet Insurance

- My Pet Protection[®] gives your pet superior protection at an unbeatable price.
 - 90% back on vet bill
 - Visit any vet, anywhere
 - Exclusive to employees, not available to the general public
 - Same price for pets of all ages (excludes pre-existing)
 - \$250 annual deductible / \$7,500 maximum annual benefit
 - Enroll online: <http://www.petinsurance.com/cobbemc>

Additional Benefits

Cigna

Additional Benefits

Will Preparation and Estate Planning

A simple, online will preparation tool that lets you create a customized will built around your state specific laws. You have the ability to create other legal documents, like a living will and power of attorney document as well. To learn more, go to:

www.cignawillcenter.com

Identity Theft Protection

This program offers online tips and a prevention kit to help stop identity theft before it happens. Personal case managers are available 24/7 for step-by-step help in the event of identity theft, credit card fraud and emergency travel arrangements. To get help, call 888-226-4567 reference Group #57.

Cigna Secure Travel

Access information about passports and visas, exchange rates, immunization requirements and other cultural issues. Customer service is available 24 hours a day, 365 days a year wherever you are in the world (when you travel over 100 miles from home). From the U.S., access information by calling 888-226-4567.

Health Advocacy Services

Personal health advocates are available to assist with a wide range of services including information and guidance, administrative support in resolving claims issues or explaining procedure costs, senior care and special needs services, identifying wellness services and alternative medicine. To access these services contact 1-866-799-2725.

Telehealth

The Cigna medical plan includes Cigna Telehealth Connection. This benefit allows you to receive treatment and get a prescription from a board-certified physician via phone/video chat 24/7/365 from the convenience of your home or office. The cost of a consultation is the same or less than a visit to your primary care physician.

Benefit Resource Center

- www.shawhankinsbenefits.net/cobbemc
- This site contains benefit information, informative videos on each benefit offering, links to important documents and forms, and contact information.



ShawHankins Service Center

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

1-833-783-6385

customerservice@shawhankins.com

Questions?

ShawHankins
Right Partner. Right Benefits.

