

Medical – Anthem	
Benefit	In-Network
Calendar Year Deductible	
• Single	\$6,000
• Family	\$12,000
Out-of-Pocket Maximum	
• Single	\$8,150
• Family	\$16,300
Coinsurance	100% Plan / 0% Member
Preventive Care	100% (no copay)
Office Visit Copay	
• Primary	\$30 copay
• Specialist	\$60 copay
Hospital/Inpatient Services	Deductible
Outpatient Surgery at Hospital	Deductible
Outpatient Surgery at Free Standing Surgical Center	\$200 copay
Emergency Room	\$500 copay
Urgent Care	\$50 copay
Pharmacy (retail 30 days)	Copay
• Generic	\$15
• Preferred Brand	\$50
• Non-Preferred Brand	\$75
• Specialty	25 % coinsurance up to \$350
<i>Mail Order is Available</i>	<i>No deductible</i>



The **HRA (Health Reimbursement Arrangement)** will reimburse a portion of your deductible following approval of submitted paperwork to MedCom. You will owe \$1500 toward the \$6000 deductible. The remaining \$4500 will be paid by the HRA which is administered by MedCom and funded by Meriwether County BOC. If you choose to cover dependents (Spouse and/or Child(ren)), the same amounts will apply for them also.

Dental – Anthem	
Benefit	Coverage Amount
Calendar Year Deductible	
• Single	\$50
• Family Max	\$150
Annual Benefit Maximum	\$1,750 Calendar Year
Diagnostic/Preventive Services	100% Coverage (no deductible)
Basic Treatment	80% Coverage (subject to deductible)
Major Treatment	50% Coverage (subject to deductible)
Orthodontia (Up to age 19)	50%
Lifetime Orthodontia Maximum	\$1,500

Vision – Anthem		
	In-Network	Non-Network
Vision Exam	\$10 copay	Up to \$42
Contact Lens Fit & Up To Two Follow Up Visits	Standard: Up to \$55; Premium: 10% off Retail	No Benefit
Contact Lenses		Up to \$210 allowance
• Elective	\$130 allowance	\$105 allowance
• Medically Necessary	Covered in full	\$210 allowance
Standard Plastic Lenses		
• Single Vision	\$20 copay	Up to \$40
• Bifocal	\$20 copay	Up to \$60
• Trifocal	\$20 copay	Up to \$80
Frames	\$130 allowance	Up to \$45
Benefit Frequency		
• Exam		Once every Calendar Year
• Lenses		Once every Calendar Year
• Frames		Once every Calendar Year

Basic Life/AD&D – Anthem

Meriwether County provides all eligible full-time employees with Basic Life & AD&D Insurance in the amount of \$35,000 for all fulltime employees at no cost.

Employee Voluntary Life and AD&D – Anthem

Employees can elect life coverage up to 5 times their annual salary not to exceed \$500,000 in increments of \$10,000. New Hires can elect up to \$150,000 without answering health questions. New hires who do not take advantage of this opportunity and wish to pick up life coverage in future enrollments may be subject to health questions.

Spouse Voluntary Life and AD&D – Anthem

Employees can elect life coverage on their spouses up to 50% of the employee life amount in \$5,000 increments not to exceed \$250,000. New Hires can elect up to \$30,000 on their spouse without answering health questions. New hires who do not take advantage of this opportunity and wish to pick up life coverage in future enrollments may be subject to health questions.

Child(ren) Voluntary Life – Anthem

Child life coverage is available through Anthem and can be chosen in either \$5,000 or \$10,000 amounts. No health questions will be asked.

Short Term Disability – Anthem

The short-term disability is available through Anthem. This coverage is in place to help supplement your income in the event of an illness or off job accident. You will receive up to 60% of your salary to a max of \$500 a week for up to 24 weeks after a 14-day elimination period. This means from the date of doctor placing you out of work or date of accident you need to be out for 14 calendar days and then your disability will begin on the 15th day. New hires who do not take advantage of this opportunity and wish to pick up life coverage in future enrollments may be subject to health questions.

Long Term Disability – Anthem

The long-term disability is available through Anthem. This coverage is in place to help supplement your income in the event of an illness or off job accident. You will receive up to 60% of your salary at a maximum of \$2,500 per month for a maximum benefit duration to your Social Security Normal Retirement Age after a 180-day elimination period. If you select the short-term disability and are still disabled after 180 days, the long-term disability will automatically begin. If you did not select the short-term disability you will need to be out of work for 180 days before the LTD begins. You will be able to elect this coverage without providing proof of good health, but pre-existing conditions will apply.

See enrollment guide for more information on the above benefits

Retirement – Empower (formerly Mass Mutual)

Empower, formerly Mass Mutual, administers the Meriwether County Retirement Plan. Once any applicable waiting periods are met, Meriwether County will contribute 5% of your salary to your retirement plan each pay period and offers two match options if you choose to contribute to this plan yourself. If you contribute 4%, the match will be 2%. If you contribute 2%, the match will be 1%. So, if you contribute 4%, a total of 11% will be contributed each pay period toward your retirement. There is a 5-year vesting for the County’s contributions.

Benefit/Enrollment Questions

NFP

1-800-994-7429

www.nfp.com

Medical Benefits

Anthem

1-855-397-9267

www.anthem.com

Dental Benefits

Anthem

1-855-397-9267

www.anthem.com

Vision Benefits

Anthem

1-855-397-9267

www.anthem.com

Life and A&D Benefits

Anthem

1-855-397-9267

www.anthem.com

Short/Long Term Disability

Anthem

1-855-397-9267

www.anthem.com

Health Reimbursement

Account

Medcom Benefit Solutions

1-800-523-7542

www.medcombenefits.com

Employee Assistant Program

Anthem – Resource Advisor

1-888-209-7840

www.resourceadvisor.greatergeorgialife.com

Empower Retirement

1-800-743-5274

www.retiresmart.com

Cost Per Pay Period (24) – Total cost of coverage equals cost of employee plus cost of correct dependent type.

Coverage Type	Medical Employee Portion	Medical Employer Portion	Medical Total Cost	Dental Employee Portion	Dental Employer Portion	Dental Total Cost	Vision Employee Portion	Vision Employer Portion	Vision Total Cost
Employee	\$ 64.01	\$302.46	\$366.47	\$0.00	\$16.76	\$16.76	\$0.00	\$2.25	\$2.25
Spouse	\$157.25	\$250.03	\$407.28	\$16.31	\$2.63	\$18.94	\$2.03	\$0.00	\$2.03
Child(ren)	\$125.80	\$225.96	\$351.76	\$26.82	\$4.34	\$31.16	\$2.25	\$0.00	\$2.25
Spouse + Child(ren)	\$248.54	\$510.46	\$759.00	\$43.08	\$6.96	\$50.04	\$4.37	\$0.00	\$4.37