MERIWETHER COUNTY *Georgia*

2024-2025 Benefits Enrollment Guide

Welcome to your new Employee Benefits Enrollment Guide. This guide is your summary of the benefit options that are available to eligible employees of the **Meriwether County Board of Commissioners**. Each benefit is designed to protect your health and well-being as well as provide valuable financial protection.

Each section of the Employee Benefits Enrollment Guide is structured to provide you with plan highlights as well as detailed, descriptive instructions to assist you in navigating through the web-based enrollment portal.

The Employee Benefits Enrollment Guide is an important component in the benefit communication process, and your dedicated NFP service team will be available during open enrollment and throughout the plan year for questions and concerns regarding your benefits.

Please review the plans contained in the Employee Benefits Enrollment Guide and see 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 continuation of protection that complements the **Meriwether County** leave policies and retirement plans.

The plan year is in effect from July 1, 2024 to June 30, 2025.

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

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 31 for more details.

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This guide describes the benefit plans available to you as an eligible Employee of Meriwether County Board of Commissioners. The details of these plans are contained in the official Plan Documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Descriptions (SPD) (as described by the Employee Retirement Income Security Act).

If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the Plan Documents, the formal wording in the Plan Documents will govern.

Please note the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of Meriwether County Board of Commissioners and NFP.

Open Enrollment Memo

Enrollment
Meriwether County Board of Commissioners 2024-2025 Benefits Open Enrollment will be held from Monday, June 10th through Sunday, June 16th, 2024.

You have 3 ways to enroll**:**

- Contact the NFP Service Center at 1-800-994-7429. The service center is available Monday through Friday 8:30 a.m. to 5:00 p.m.
- Face-to-face enrollment during one of the following days: Tuesday, June 11th or Thursday, June 13th, 2024
- Enroll yourself through the NFP enrollment portal

All flexible benefits enrollment (i.e., medical, dental, vision) will be processed through bswift, our online enrollment system serviced by NFP. It's as easy as logging into https://meriwether.bswift.com/. Employees will be able to review their current benefits and other important information.

Please carefully weigh the plans available and choose the option that's best for you. If you have questions or need help, please contact the NFP Service Center (1-800-994-7429) or your Human Resources office.

To find benefit resources online, visit www.nfp.com/meriwethercounty

Eligibility
Full-time employees are eligible for flexible benefits.

Eligible dependents are classified as:

- Your legal spouse
- Biological children up to age 26
- Step-child(ren) as long as the biological parent remains in the employee's household to age 26
- Foster child(ren) or adopted child(ren) up to age 26

Making Changes to Your Benefits
To make benefit changes as a result of your Life Status Change or Family Status Change as allowed under Section 125 of the IRS Code, you must:

- Notify the NFP Service Center and your HR department within 30 days of the date of the qualifying event.
- Provide proof of your status change event

The Most Common Status Changes:

- Marriage, divorce, legal separation
- Birth or adoption
- Change in your or your spouse's work status that affects your benefits or an eligible dependent's benefits
- Change in health coverage due to your spouse's annual Open Enrollment period
- Change in dependent eligibility status
- Change in eligibility for you or a dependent for Medicaid or Medicare
- Receipt of a Qualified Medical Child Support Order, or other court order
- Death of your spouse or covered child

Surcharges

- For the 2024-2025 plan year, a $50 nicotine surcharge will be added to the cost of the medical coverage on a monthly basis and can be waived by participating in a nicotine cessation program.
- If you do not participate in the Wellness program, you will have a $80 surcharge per month. The Wellness program includes, but is not limited to, annual biometric screenings and other wellness related activities.

Premium Reduction

- If you and your spouse take advantage of the County's onsite gym or participate in your own exercise programs, your health premium may be reduced by up to $100 per month. See the HR department for details.

Before You Enroll – Things to Know

You are REQUIRED to provide the following information or documentation for all dependents and beneficiaries:

- Name
- Date of Birth
- Social Security Number

HOW TO ENROLL

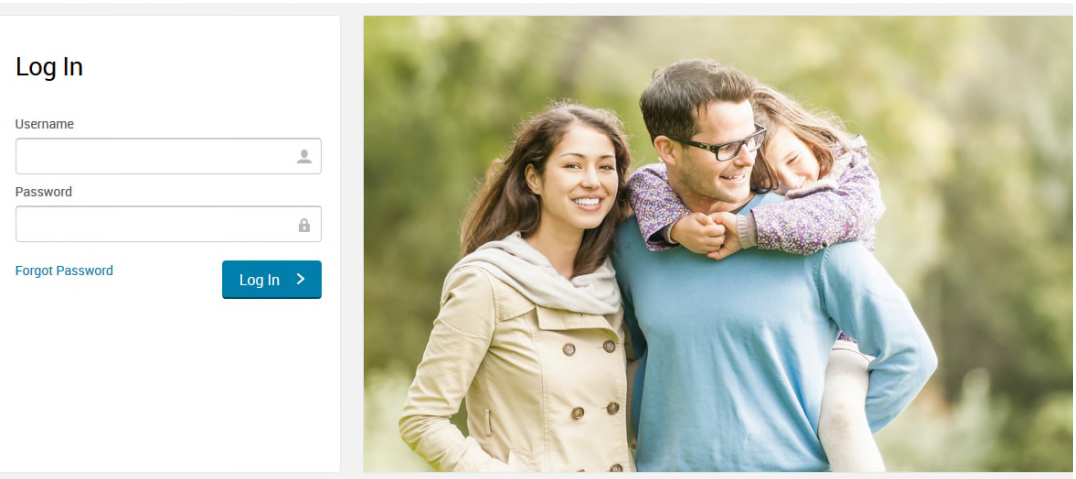
Go to https://meriwether.bswift.com/.

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

At the enrollment website enter your Username and Password.

- **Username is the first letter of your first name, your last name, and last 4 digits of your Social Security number (ex. jdoe4567).**
- **Password is the last 4 digits of your Social Security number (ex. 4567).**

You will then be prompted to create a permanent password.



Attention New Hires

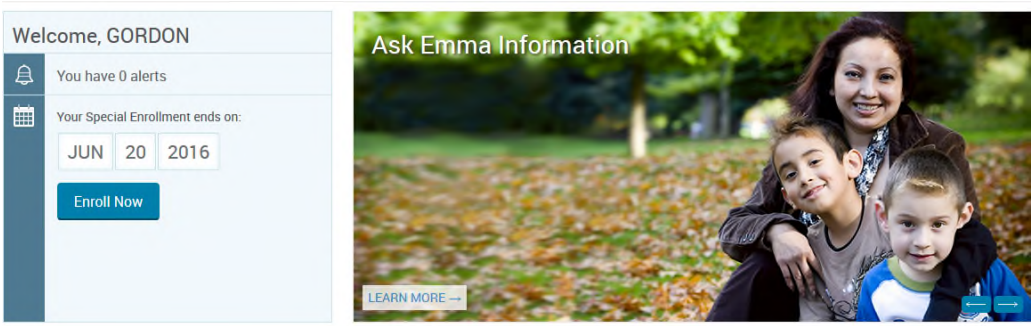
- Please contact NFP at 800-994-7429 to speak with a benefit consultant for assistance with your enrollment.
- You may also go online and make your benefit selections if you prefer this method.
- You will need to complete your enrollment by the end of your second week of employment.

Failure to enroll within the enrollment period will result in the forfeiture of your eligibility for enrollment until the next annual enrollment period unless you experience an eligible qualifying event.

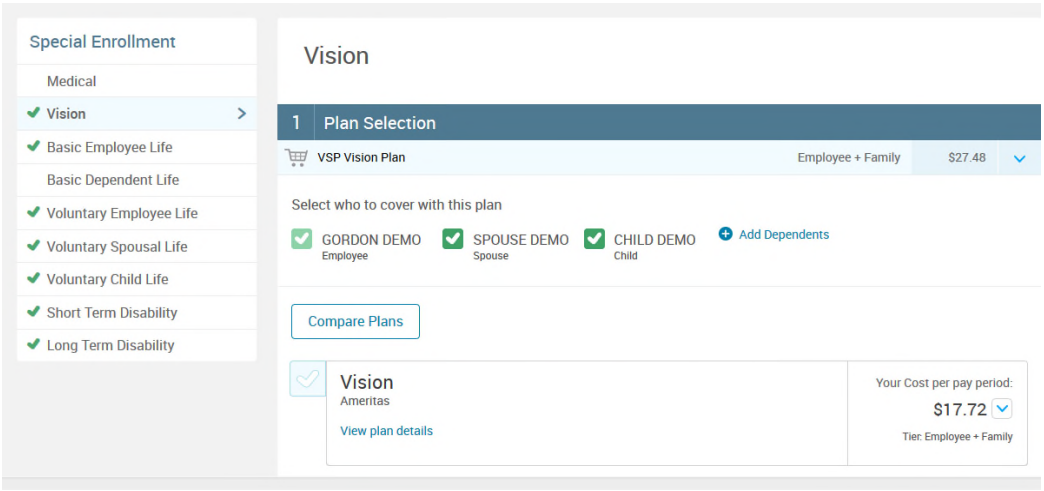
To find benefit resources, please visit www.nfp.com/meriwethercounty

How To Enroll

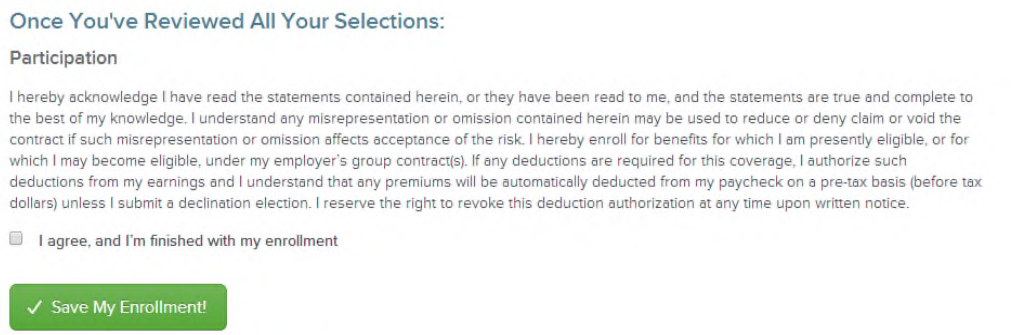
To Begin:
1) From the “Home Page” click on the “Enroll Now” link, to begin the election process.
2) On the “Personal & Family Page”, verify your information is accurate and “Add” all eligible dependents you wish to cover under any benefits.



3) To make a plan selection, select the button beside the newly elected plan. If you are covering dependents, make sure to “Select” them by checking off next to their name under “Select who to cover with this plan.” Then press “Next” at the bottom of the screen.



4) Once you have reviewed and completed your enrollment, click on “I Agree and I am finished with my enrollment”, then click on “Save My Enrollment”.



5) You will now be taken to the final confirmation page to either print or email.

Note: The enrollment images within this guide are for illustrative purposes only.

Medical Coverage – Plan Details

The Meriwether County Board of Commissioners medical coverage will be continuing through Anthem for the 2024-2025 plan year. Listed below is a summary of the Medical Coverage. For more detailed information please see the benefit summary, or for full disclosure of all benefits, exclusions and limitations please refer to your Certificate Booklet. To locate an in-network provider log into your personal account at www.anthem.com, a one-time registration is required.

Benefit	In-Network	Out of Network
Deductible	$6,000 per person $12,000 per family	$12,000 per person $24,000 per family
Coinsurance	100% plan / 0% member	70% plan / 30% member
Maximum Annual Out of Pocket Limit	$8,150 per person $16,300 per family	$15,000 per person $30,000 per family
	The Out-of-Pocket Maximum includes deductible, coinsurance and all copays - Office Visit, Urgent Care, Emergency Room and Prescriptions.	
Office Visits: Primary Care Physician Specialty Care Physician Chiropractic Services (20 visits)	$30 copay $60 copay $30 copay	Deductible, then you pay 30%, plan pays 70%
Routine Preventive Care, Services, and Immunizations	Plan pays 100%, no copay, no deductible	You pay 30%, plan pays 70%
Lab Testing Office Freestanding Lab Outpatient Hospital	$60 copay $0 copay Deductible	Deductible, then 30% Deductible, then 30% Deductible, then 30%
Urgent Care Facilities	$50 copay	Deductible, then you pay 30%, plan pays 70%
Hospital Emergency Room: Life-threatening illness or serious accidental injury only	$500 copay	
Inpatient Hospital and Professional Services	Deductible	Deductible, then you pay 30%, plan pays 70%
Outpatient Services Hospital Freestanding	Deductible $200 copay	Deductible, then you pay 30%, plan pays 70%
Inpatient Mental Health and Substance Use Disorder	Deductible	Deductible, then you pay 30%, plan pays 70%
Outpatient Mental Health and Substance Use Disorder – Physician's Office Visit	$30 copay	Deductible, then you pay 30%, plan pays 70%

Medial Coverage – Pharmacy Benefits

For the 2024-2025 plan year, there will be no deductible for prescriptions associated with the Anthem plan.

Highlights of your pharmacy plan:

- Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Specialty Drugs may include high-cost medications as well as medications that may require special handling and close supervision when being administered.
- Prior authorization is normally required on specialty medications, and may be required for other medicines, and quantity limits may apply.
- Contraceptive devices and drugs are covered with federally required products covered at 100%.
- Insulin, glucose test strips, lancets, insulin needles and syringes, insulin pens and cartridges are covered.
- Your plan is subject to rules for certain classes of drugs that may require you to try Generic and/or Preferred Brand drugs before use of a Non-Preferred Brand will be approved.

Prescription Tier	In Network	Out of Network
	Retail 30/90-day supply and Mail Order 90-day supply	Retail Only
Tier 1 Generic	$15/$15	$15
Tier 2 Preferred Brand	$50/$125	$50
Tier 3 Non-Preferred Brand	$75/$190	$75
Tier 4 Specialty	25% coinsurance up to $350	25% up to $350

*Only certain Prescription Drug Products are available through mail order; please visit anthem.com or call Customer Care at the telephone number on the back of your ID card for more Information.

Medical Costs Per Pay Period (based on 24 pay periods)

Coverage Tier	Employee Cost Per Pay Period (Bi-Weekly)	Employee Monthly Cost (after county's contributions)	Meriwether Monthly Contribution
Employee	$74.75	$149.50	$883.93
Spouse	$183.67	$367.34	$1,814.61
Child(ren)	$146.94	$293.87	$1,731.52
Spouse + Children	$290.29	$580.58	$2,593.22

Preventive Care Coverage

Getting regular checkups and exams can help you stay well and catch problems early. It may even save your life.

Our health plans offer the services listed in this preventive care flier at no cost to you[1]. When you get these services from doctors in your plan's network, you don't have to pay anything out of your own pocket. You may have to pay part of the costs if you use a doctor outside the network.

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, say your doctor suggests you have a colonoscopy because of your age when you have no symptoms. That's preventive care. On the other hand, say you have symptoms, and your doctor suggests a colonoscopy to see what's causing them. That's diagnostic care.

Child preventive care

Preventive physical exams

Screening tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and body mass index (BMI)
- Hemoglobin or hematocrit (blood count)
- HPV screening (female)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Counseling for those ages 10–24, with fair skin, about ways to lower their risk for skin cancer
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening[2] when done as part of a preventive care visit

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Haemophilus influenza type b (Hib)
- Hepatitis A and Hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Polio
- Rotavirus
- Varicella (chickenpox)

The preventive care services listed are recommendations as a result of the Affordable Care Act (ACA, or health care reform law). The services listed may not be right for every person. Ask your doctor what's right for you, based on your age and health condition(s).

This sheet is not a contract or policy with Anthem. If there is any difference between this sheet and the group policy, the provisions of the group policy will govern. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for Exclusions and Limitations.

Preventive Care Coverage (Cont'd)

Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and, including genetic testing for BRCA 1 and BRCA 2 when certain criteria are met[3]
- Breast-feeding: primary care intervention to promote breast-feeding support, supplies and counseling (female)[4,5]
- Contraceptive (birth control) counseling
- FDA-approved contraceptive medical services provided by a doctor, including sterilization
- Counseling related to chemoprevention for women with a high risk of breast cancer
- Counseling related to genetic testing for women with a family history of ovarian or breast cancer
- HPV screening[5]
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings: includes, but is not limited to, gestational diabetes, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV[5]
- Pelvic exam and Pap test, including screening for cervical cancer

Adult preventive care

- *Preventive physical exams*
- *Screening tests:*
- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Depression screening
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit and CT colonography (as appropriate)
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening
- Eye chart test for vision[2]
- Hearing screening
- Height, weight and BMI
- HIV screening and counseling
- Lung cancer screening for those ages 55-80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years[6]
- Obesity: related screening and counseling
- Prostate cancer, including digital rectal exam and PSA test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Violence, interpersonal and domestic: related screening and counseling

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and Hepatitis B
- HPV
- Influenza (flu)
- Meningococcal (meningitis)
- Measles, mumps and rubella (MMR)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles) for those 60 years and older

Preventive Care Coverage (Cont'd)

A word about pharmacy items:

For 100% coverage of over-the-counter (OTC) drugs and other pharmacy items listed below, the person receiving the item(s) must meet the age and other specified criteria. You need to work with your in-network doctor or other health care provider to get a prescription for the item(s) and take the prescription to an in-network pharmacy. Even if the item(s) do not "need" a prescription to purchase them, if you want the item(s) covered at 100%, you have to have the prescription.

Child preventive drugs and other pharmacy items — age appropriate:

- Dental fluoride varnish to prevent tooth decay of primary teeth for children from birth to 5 years old
- Fluoride supplements for children from birth through 6 years old
- Iron supplements for children 6-12 months

Adult preventive drugs and other pharmacy items — age appropriate:

- Aspirin use for the prevention of cardiovascular disease including aspirin for men ages 45-79 and women ages 55-79
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Tobacco cessation products including select generic prescription drugs, select brand-name drugs with no generic alternative, and FDA-approved over-the-counter products, for those 18 and older
- Vitamin D for men and women over 65

Women's preventive drugs and other pharmacy items — age appropriate:

- Contraceptives including generic prescription drugs, brand-name drugs with no generic alternative, and over-the-counter items like female condoms or spermicides[5,7]
- Low dose aspirin (81 mg) for pregnant women who are at increased risk of preeclampsia
- Folic acid for women 55 years old or younger
- Breast cancer risk-reducing medications following the U.S. Preventive Services Task Force criteria (such as tamoxifen and raloxifene)[6]

1. The range of preventive care services covered at no cost share when provided in-network are designed to meet the requirements of federal and state law. The Department of Health and Human Services has defined the preventive services to be covered under federal law with no cost share as those services described in the U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by the Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your Certificate of Coverage or call the Customer Service number on your ID card.
2. Some plans cover additional vision services. Please see your contract or Certificate of Coverage for details.
3. Check your medical policy for details.
4. Breast pumps and supplies must be purchased from an in-network medical provider for 100% coverage; we recommend using an in-network durable medical equipment (DME) supplier.
5. This benefit also applies to those younger than 19.
6. You may be required to get prior authorization for these services.
7. A cost share may apply for other prescription contraceptives, based on your drug benefits

Health Reimbursement Arrangement

Meriwether County Board of Commissioners is actively participating in a Health Reimbursement Arrangement. You are ultimately responsible for your $6,000 deductible, but through this program you will be reimbursed for the last $4,500 incurred.

If you have services rendered that are subject to your deductible, you can submit your Explanation of Benefits (EOB). **Remember, you can only be reimbursed based on EOBs, not bills from the provider.** Copays and coinsurance are not eligible for reimbursement.

This program runs calendar year, and all claims incurred during the 2024 plan year must be submitted to Medcom by March 31st, 2025 to be eligible for reimbursement.

EOBs can be accessed by going to anthem.com and logging into your account. If you need assistance logging in, please call the NFP service center at 1-800-994-7429.

Anthem Tier	Anthem Deductible	EE Portion	HRA Portion
Employee	$6,000	$1,500	$4,500
All Dependents	$6,000	$1,500	$4,500

The Health Reimbursement will be administered by Medcom. To submit a DirectPay claim, log in to your account at **www.medcombenefits.com.**

Medcom
BENEFIT SOLUTIONS

Heath Reimbursement Arrangement

What is an HRA?

An HRA is a tax-free benefit that is funded 100% by your Employer to offset your out-of-pocket "Deductible" expenses that are not payable by any other source. HRA coverage applies to both you and your Eligible Dependents who are enrolled in the Employer-sponsored group health insurance plan. During each "Coverage Period" the HRA will reimburse eligible deductible-related expenses incurred by you and/or your covered Dependents. Please refer to the HRA Coverage Chart below for the maximum amount payable by the HRA during each Coverage Period.

Am I Eligible?

You are eligible and will be covered by the HRA if you are an active Full-Time Employee working 30 hours or more per week, and are enrolled in the Employer-sponsored group health insurance plan.

Covered Expenses

You may be reimbursed for expenses applied to your deductible by the Employer-sponsored group health insurance plan during each Coverage Period. You may be reimbursed up to the amount the **"HRA Pays"** after your deductible expenses exceed **"Your Out of Pocket"** responsibility. Unused HRA amounts do not carry-over. However, the maximum **"HRA Pays"** amount will be available for each new Coverage Period.

How Does My HRA Work?

1. Submit **all of your claims** to the Employer-sponsored group health insurance company first.
2. The health insurance company will process your claim and send you an Explanation of Benefits ("EOB") statement.
3. After you receive the EOB and if it shows that your deductible expenses are more than the **"Your Out of Pocket"** amount in the HRA Coverage Chart below:
   a. Login to your account online at *https://medcom.wealthcareportal.com* and navigate to the "Reimbursement Request" section of the "My Accounts" tab. Complete the steps and upload your EOB.
   b. Or, submit a picture of your EOB via the Mobile App!
4. Medcom will send you a reimbursement check (or Direct Deposit!) up to the amount the **"HRA Pays"** for your **"Coverage Level"** during the **"Coverage Period."**

Group Health Insurance Deductible	Your Out-of-Pocket Amount	HRA Pays*
You $6,000	$1,500	$4,500
You + Spouse $12,000	$3,000	$9,000
You + Children $12,000	$3,000	$9,000
You + Family $12,000	$3,000	$9,000

Medcom
BENEFIT SOLUTIONS

Phone: (800) 523-7542
Email: MedcomReceipts@medcombenefits.com
Portal: https://medcom.wealthcareportal.com
Web: www.medcombenefits.com

Medcom
BENEFIT SOLUTIONS

Your Benefits Are Going MOBILE

Medcom Benefit Solutions mobile phone applications and text messaging services provide convenient access to your healthcare benefit plans.

- Access your benefit accounts ***on the go***: 24 hours a day, 7 days a week.
- View current balances and transactions in your HRA account.
- Submit new claims and view alerts.
- Opt-in for customized push alerts showing account activity, date reminders, claim status, balance alerts and confirmation of changes made to your account.
- Data is sent to your phone via secure, encrypted transmissions to protect your privacy.
- Text messaging service is available for participants who use standard cell phones rather than smartphones.
- Smartphone users may download the Medcom application from the Apple® app store or Google Play™ at no cost!
- You can upload receipts to substantiate debit card transactions. These receipts are available for future viewing on both the mobile app and the participant portal.
- You may also submit manual claims for reimbursement of expenses you've paid out of pocket!

Use our complimentary text messaging service with any text-enabled phone, or download our free smartphone application for even more convenience!

Medcom
BENEFIT SOLUTIONS

Phone: (800) 523-7542
Email: MedcomReceipts@medcombenefits.com
Portal: https://medcom.wealthcareportal.com
Web: www.medcombenefits.com

Dental

The Meriwether County Board of Commissioners Dental coverage will be continuing through Anthem for the 2024-2025 plan year. Keep in mind that you will pay less if you use an in-network dentist. To locate participating providers log into your personal account at www.anthem.com, a one-time registration is required.

Benefit	In-Network	Out- of-Network
Annual Maximum	$1,750 per person	$1,750 per person
Deductible (Single/Family)	$50/$150	$50/$150
Diagnostic/Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Orthodontia (Up to age 19)	50%	50%
Lifetime Orthodontia Maximum	$1,500	$1,500
Annual Rollover Amount	Up to $600	Up to $400

Deductible does not apply to diagnostic/preventive or orthodontia services.

In-Network: If an In-Network Dentist performs a covered service, benefit will be based on the discounted fees negotiated with the provider

Out-of-Network: If an Out-of-Network Dentist performs a covered service, benefit will be based on the usual and customary fees in the geographic areas in which the expenses are incurred.

Pretreatment: While we don't require a pretreatment authorization form for any procedure, we recommend them for any work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate. Your dentist will be informed of the exact amount your insurance will cover and the amount you will be responsible for.

Dental Costs (Based on 24 pay periods)
***Employee portion after the County's contribution**

Coverage Tier	Employee Cost Per Pay Period	Employee Monthly Cost	Meriwether Monthly Contribution
Employee Only	$0.00	$0.00	$35.19
Employee + Spouse	$19.89	$39.77	$35.19
Employee + Child(ren)	$32.72	$65.43	$35.19
Employee + Family	$52.54	$105.08	$35.19

Dental (Cont'd)

Late Entrant Limit: If you do not select the dental at the initial enrollment or as a new hire, you will need to wait until the Annual Open Enrollment to select the dental coverage.

Missing Tooth Provision: There is a 24-month wait for the replacement of congenitally missing teeth or teeth lost prior to the coverage effective date for this plan.

Plan Sample Procedure Listing:

Diagnostic/Preventive Services (100%)	Basic Services (80%)	Major Services (50%)
Oral Exams (2 per 12 months)	Amalgam and Composite Fillings	Crown, Onlays (1 per tooth per 60 months)
Full Mouth X-rays (1 in 36 months)	Oral Surgery (simple and surgical extractions)	Repairs to Bridges, Crowns, and Dentures (1 per tooth per 12 months)
Bitewing X-rays (adult/child) (1 per 12 months)	Minor and Major Periodontics	Bridges (1 in 60 months)
Prophylaxis – Cleanings 2 per 12 Months)	Root Canal Therapy / Endodontics (1 per tooth per lifetime)	Dentures (1 per 60 months)
Topical Fluoride Applications (2 per 12 months; Children to age 16)		Implant Services
Sealants (1 per 36 months; Children to Age 16)		
Space Maintainers (1 per 60 months; Children to age 16)		

Vision

Vision Coverage will be provided by Anthem again this year. Our Anthem vision plan saves you money on routine eye exams and eye care items. To locate a participating provider, visit www.anthem.com.

Benefit	In-Network	Out-of-Network (Reimbursement)	Frequency
Vision Exam	$10 Copay	Up to $42	Once Every Calendar Year
Contact Lens Fit & Up To Two Follow Up Visits	Standard: Up to $55; Premium: 10% off Retail	No Benefit	Once Every Calendar Year
Contact Lenses* Elective Medically Necessary	$130 Allowance Covered in full	Up to $105 allowance $210 allowance	Once Every Calendar Year
Standard Plastic Lenses Single Bifocal Trifocal	$20 Copay $20 Copay $20 Copay	Up to $40 Up to $60 Up to $80	Once Every Calendar Year
Frames	$130 Allowance	Up to $45	Once Every Calendar Year

Note: The plan covers either contact lenses or lenses for your glasses once every 12 months.

Lasik and PRK: Anthem has partnered with LasikPlus and TruVision to provide members with access to discounted laser vision correction providers. Member savings represent up to 40% off for Lasik surgery through TruVision, and through LasikPlus you can save up to $800.
The below links will give you additional information on these saving plans:
TruVision – www.qualsight.com/-truvision
LasikPlus – www.lasikplus.com/promotion

Vision Costs (Based on 24 pay periods)
***Employee portion after the County's contributions**

Type of Coverage	Employee Cost Per Pay Period	Employee Monthly Cost	Meriwether Monthly Contribution
Employee	$0.00	$0.00	$4.50
Employee + Spouse	$2.02	$4.05	$4.50
Employee + Child(ren)	$2.25	$4.50	$4.50
Employee + Family	$4.36	$8.73	$4.50

Vision Providers

Provider	Address	Phone	Services
MANCHESTER			
Allan W. Moore OD Moore Eyecare	1180 Warm Spring Hwy	(706) 846-2131	Exam & Dispense
THOMASTON			
Thomas M Kretzmer OD	406 W Main St	(706) 647-6608	Exam & Dispense
Norman Lastinger OD	1403 Highway 19 North	(706) 646-0071	Exam & Dispense
LAGRANGE			
Brent (James) Brown OD	101 S. Dawson St	(706) 885-0610	Exam & Dispense
Jerry M Overall OD	208 Smith St	(706) 882-0166	Exam & Dispense
NEWNAN			
William R Shockley OD	47 Jefferson St	(770) 254-0200	Exam & Dispense
America's Best contact & Eyeglasses	1108 Bullsboro Dr	(770) 304-9022	Exam & Dispense
COLUMBUS			
John Bankowski OD America's Best	5450 Whittlesley Blvd	(706) 987-8670	Exam & Dispense
Christopher Stephenson OD America's Best	5450 Whittlesley Blvd	(706) 987-8670	Exam & Dispense

Basic Life/AD&D and Voluntary Life/AD&D Insurance

Basic Term Life Insurance provides valuable financial protection for your family. Meriwether County Board of Commissioners provides $50,000 Basic Life Insurance with an equal amount of Accidental Death and Dismemberment (AD&D) insurance to all fulltime employees through Symetra. This benefit is fully paid by the County.

Voluntary Term Life and Accidental Death and Dismemberment (AD&D) Insurance is also available to provide additional financial protection for your family. You are eligible to enroll in the Voluntary Term Life Insurance program underwritten by Symetra.

Your premium will be based on the coverage amount you elect and your age. Premiums will be paid through the convenience of a payroll deduction.

Employees must have coverage on themselves in order to have coverage on dependents.

Benefit Detail	Coverage
Employee Amount	Up to 5 times your Annual Salary. Rounded to the nearest multiple of $10,000, not to exceed $250,000
Employee Guaranteed Issue Amount	$150,000
Spouse Amount	$5,000 increments, up to $250,000 not to exceed 100% of employee amount
Spouse Guarantee Issue Amount	$50,000
Child(ren) Amount	Elect $5,000 or $10,000 for eligible children between the ages of 15 Days to 26 Years.

New Hires are allowed to purchase life insurance on a guaranteed issue up to the amounts listed in the table above.

Current Employees with Coverage will be allowed to increase coverage by $20,000 up to the Guaranteed Issue amount without evidence of insurability (EOI) for themselves and $5,000 up to the Guaranteed Issue amount for their spouse. Coverage amounts in excess of this increase will require EOI that is satisfactory to the insurance carrier before the excess can become effective. This increase is not allowed if have been previously denied coverage, withdrawn a request for coverage, are not currently at work, or if spouse is disabled. Maximum life coverage cannot exceed 5 times your annual salary.

Late Entrants: Symetra is offering a one-time waiver of EOI for this year's open enrollment if you are not currently enrolled in voluntary life coverage. You may elect up to the Guaranteed Issue amount for yourself, your spouse, and your children.

Basic Life/AD&D and Voluntary Life w/ AD&D (Cont'd)

Evidence of Insurability Evidence of Insurability is a request to verify good health and is often in the form of a questionnaire. This is required when you are requesting insurance that is over the guaranteed issue amount or if you are enrolling after your initial enrollment.

Guaranteed Issue Guarantee Issue is the amount of life insurance that you can elect without having to provide Evidence of Insurability. The Guarantee Issue period is 31 days from the date you first become eligible for the plan from your date of hire. If you choose not to enroll when you are first eligible and enroll at a later date, the entire amount of insurance will be subject to Evidence of Insurability.

Child(ren) Unit	Rate per Unit
$5,000	$1.39
$10,000	$2.77

Rate per $1,000 of Coverage		
Age	Employee Rate	Spouse Rate
0-29	$0.089	$0.089
30-34	$0.099	$0.099
35-39	$0.129	$0.129
40-44	$0.179	$0.179
45-49	$0.269	$0.269
50-54	$0.509	$0.509
55-59	$0.789	$0.789
60-64	$0.909	$0.909
65-69	$1.569	$1.569
70-74	$1.569	$1.569
75+	$3.789	$3.789

***Rates shown in chart above are monthly cost**

Short-Term Disability

The Short-Term Disability is offered at a low cost through Symetra for 2024-2025. Meriwether County Board of Commissioners provides you the option to elect Short Term Disability (STD) income benefits through convenient payroll deductions. Short-Term Disability insurance provides you with a portion of your weekly income if you are unable to work or have a reduced income due to an illness or injury unrelated to your occupation.

Benefit	Voluntary STD
Benefit Amount	60% of Weekly Earnings
Maximum Benefit	$500 per Week
Benefits Begin After (Elimination Period)	14 Days Accident 14 Days Sickness
Maximum Benefit Duration	24 Weeks
Pre-Existing Condition Exclusion	None

***Rates shown to the right are monthly cost**

Age	STD Rate per $10
0-19	$0.611
20-24	$0.611
25-29	$0.611
30-34	$0.611
35-39	$0.611
40-44	$0.611
45-49	$0.583
50-54	$0.658
55-59	$0.855
60-64	$0.939
65-69	$0.939
70+	$0.939

Late Entrant: If you have not taken advantage of this plan as a new hire or in last year's enrollment and wish to purchase the STD plan you will be offered a one-time waiver of the health questions during this year's open enrollment.

Exclusions: Benefits will not be payable for any disability caused by an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; sickness covered by workers' compensation or other workers' disability law; injury occurring out of or in the course of work for wage or profit. For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

Integration of Benefits: Your benefits may be reduced by benefits received from state disability or worker's compensation programs. The total of all benefits received from this policy, state disability plans, worker's compensation programs and your employer's sick pay plan may not exceed 100% of your income prior to disability.

You must be under the regular care of a physician in order to be considered disabled.

Long-Term Disability Benefits

Long-Term Disability is provided through Symetra. Meriwether County Board of Commissioners provides you the option to elect Long Term Disability (LTD) income benefits through convenient payroll deductions. Long Term Disability insurance is another valuable benefit that protects your financial well-being in the event you are unable to work for more than 180 days. STD and LTD insurance, when combined, provide seamless protection against the financial consequences of a disability.

Benefit	Voluntary LTD
Percentage of Income	60%
Maximum Benefit	$2,500 per Month
Benefits Begin After (Elimination Period)	180 Days Accident 180 Days Sickness
Maximum Benefit Duration	Social Security Normal Retirement Age (SSNRA)
Pre-Existing Condition Exclusion	3/12

Rates shown to the right are monthly cost

Age	LTD rate per $100
0-19	$0.146
20-24	$0.146
25-29	$0.146
30-34	$0.146
35-39	$0.256
40-44	$0.405
45-49	$0.453
50-54	$0.498
55-59	$0.953
60-64	$1.050
65-69	$0.088
70+	$0.088

Limitations

- Mental/Nervous Illness Limitation – 24 months
- Substance Abuse Limitation – 24 month
- Special Conditions – 24 months

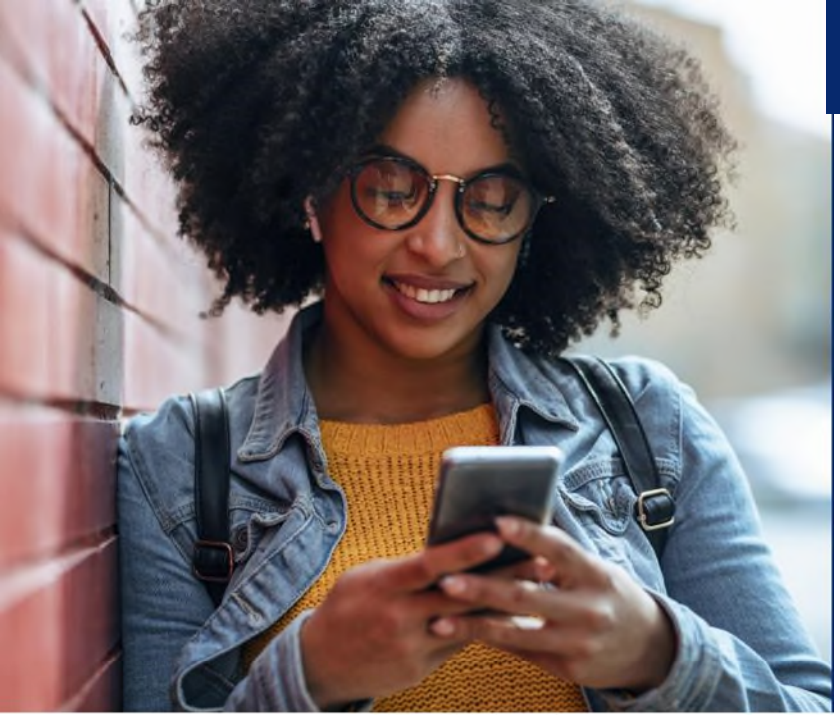
Exclusions: Benefits will not be payable for any disability caused by an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; sickness covered by workers' compensation or other workers' disability law; injury occurring out of or in the course of work for wage or profit. For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance.

Late Entrant: If you have not taken advantage of this plan as a new hire or in last year's enrollment and wish to purchase the LTD plan, you will be required to answer health questions that will be subject to approval by the carrier.

Pre-Existing Condition Exclusions: preexisting condition will apply. Benefits for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care, or services (including diagnostic measures) during the 3 months just prior to the most recent effective date of insurance are not payable for 12 months .

Benefit Offset: Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as: social security disability insurance; any governmental retirement system earned as a result of working for the current employer; any disability or retirement benefit received under a retirement plan; earnings the insured earns or receives from any form of employment; sick leave pay from your employer; and any disability income benefits received under state disability benefit laws.

You must be under the regular care of a physician in order to be considered disabled.



The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

•Use Sydney℠ Health to keep track of your health and benefits — all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

•Find Care

•Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You'll be matched with the best results based on your personal needs.

•My Health Dashboard

•Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

•Chat

•If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.

•Virtual Care

•Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.

•Community Resources

•This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and childcare.

•My Health Records

•See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.

•Download the Sydney Health app today

•Use the app anytime to:

- Find care and compare costs.
  - See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.
- Fill prescriptions.

Scan the QR code to download the Sydney Health app.

•You can also set up an account at anthem.com/register to access most of the same features from your computer.

Focus on your well-being and earn rewards up to $700

The more activities you complete, the greater your reward.

The Wellbeing Solutions program connects you with easy-to-use digital health and wellness tools that can help you live your healthy best. Choose any activity sponsored by your employer from the list below to complete and earn rewards. You can earn up to a maximum of $700 in rewards in your account.

Activity type	Actions to complete	Reward amount
Preventive care	Have an annual preventive wellness exam or wellbeing woman exam by your doctor.	$20
	Get an annual cholesterol test.[1]	$5
	Have a colorectal cancer screening (ages 45 and older).	$25
	Have a routine mammogram (women ages 40 to 74).	$25
	Get an annual flu shot.	$10
Condition management programs	ConditionCare: Work one-on-one with your health coach and earn rewards for participating in and completing the program.[2]	Up to $175 ($75/$100)
	Future Moms: Parents-to-be can receive support from a registered nurse and earn rewards for completing initial, interim, and postpartum assessments.[3]	Up to $125 ($65/$30/$30)
	Well-being Coach Weight Management: Receive one-on-one coaching by phone as you complete your goal to earn a reward.[4]	$50
	Well-being Coach Tobacco Cessation: Receive one-on-one coaching by phone as you complete your goal to earn a reward.[5]	$50
	Complete a diabetic foot exam.[6]	$20
	Have diabetic lab tests.[6]	Up to $30

Activity type	Actions to complete	Reward amount
Digital and wellness activities	Log in to your Anthem account through the **Sydney℠ Health app** or **anthem.com**.	$5
	Connect a fitness or lifestyle device.	$5
	Complete a health assessment and receive tailored health recommendations.	$20
	Complete action plans around eating healthy, managing your weight, and keeping active.	Up to $25 ($5 per action plan)
	Track your steps.	Up to $60 ($2 per 50,000 steps tracked)
	Complete Well-being Coach digital daily check-ins.[7]	Up to $25 ($5 per milestone)
	Update your contact information.	$15
	Use any Employee Assistance Program (EAP) service.[8]	$5
	Participate in the Emotional Wellbeing Resources program.	$5
	Read 5 articles or watch 5 videos found on **Sydney Health** or at **anthem.com**.	$5

Well-being Coach can help you meet your goals

The Well-being Coach digital coaching app from Lark offers you 24/7 personalized support. Well-being Coach can help you maintain a healthy weight, quit tobacco, and improve your nutrition, exercise habits, mindfulness, and sleep. If you need extra support with weight management or quitting tobacco, you can also talk to a certified health coach.

Access Well-being Coach in the **Sydney Health app** or at **anthem.com**.

Earn rewards

Here's how and when you'll earn rewards for completing activities.

Preventive care: Simply visit your doctor for any of the screenings or appointments listed in the chart. Your rewards are added to your account after your claim is processed, which may take up to 60 days.

Condition management: Rewards are added to your account as you meet certain benchmarks or complete a program such as ConditionCare (for asthma, diabetes, and heart or lung conditions), Future Moms, and Well-being Coach for weight management and tobacco cessation.

Digital and wellness activities: Log in to the **Sydney Health app** or **anthem.com** to complete activities, such as taking a health assessment, participating in the Well-being Coach digital program, and tracking your steps. Rewards are added to your account as activities are completed.

Future Moms

Preparing to have a baby can be exciting, but it may also feel overwhelming. The Future Moms program has supportive resources to ease your mind and help you have a healthy pregnancy. Sign up to take advantage of:

- 24/7 access to nurses who will answer your questions and check on you throughout pregnancy.
- A free copy of *Mayo Clinic Guide to a Healthy Pregnancy*.
- A free screening to check your health risks.
- Educational resources on making healthy decisions during pregnancy.
- Phone access to pharmacists, nutritionists, and other specialists.
- Labor and delivery information, including birthing options and how to prepare.

24/7 NurseLine

When your allergies flare up on the weekend or your little one spikes a fever at 3 a.m., you can ask a registered nurse for advice by calling 24/7 NurseLine. Nurses are ready any time of the day or night to:

- Answer your questions.
- Recommend where to go for care when your doctor isn't available.
- Help you find healthcare professionals in your area.
- Enroll you and your dependents in health management programs.
- Remind you about important preventive screenings and exams.

ConditionCare

Managing chronic conditions, such as asthma, diabetes, chronic obstructive pulmonary disease (COPD), or heart disease requires extra care and attention. To help you be at your best, the ConditionCare program offers free resources, including:

- 24/7 phone access to nurses who can address your health questions and concerns.
- Support from healthcare professionals to help you reach your health goals.
- Educational guides and useful tools to help you learn more about a certain condition.

Connect with the support you need

Call to access any of these programs at no extra cost:

- ConditionCare: **866-962-0952**
- Future Moms: **800-828-5891**
- 24/7 NurseLine: **800-337-4770**

Make your emotional well-being a priority

A digital support team can help motivate you

Your emotional well-being is an important part of your overall health. With Emotional Well-being Resources, administered by Learn to Live, you can learn effective ways to manage stress, depression, anxiety, substance use, and sleep issues. These digital tools are available anywhere, anytime.

Start by completing an assessment and enrolling in a program. As you work toward your goals, it helps to have someone who can guide you in applying what you learn or cheer you on.

Start building your support team

Log in to **anthem.com**, go to Care, choose Health & Wellness Center, and select Emotional Well-being Resources.

Connect with a coach and choose teammates for support

Adding a coach can lead to more program success:[1]

Our coaches keep all your information confidential. They are trained to guide you through your program and offer personalized suggestions to help you reach your emotional well-being goals.

- A coach can offer education, practical and personal support, and help make lessons easier to follow.[2]
- Coach support can provide ways to overcome obstacles and help ease stress.[3]

Another great option: select teammates

You can also add one or two friends and family — or even your therapist — as your teammates. They can cheer you on as you move through the programs and keep you motivated. Your teammates don't see all your program details, just the progress you're making.

Anthem

learntolive

Wellness Program – Engagement Health Group (EHG)

For the 2024-2025 plan year, Meriwether County will be implementing a new Wellness Program through Engagement Health Group (EHG)!

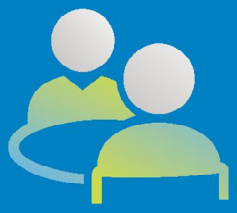
EHG provides a robust health and well-being platform with the ability to engage, educate, track, and reward participants for practicing healthy behaviors including challenges, seminars, videos, and a multitude of other motivational and engaging activities and educational content.

- Onsite health screenings and results review
- Comprehensive Health Risk Assessment
- Keep track of your exercise, sleep, nutrition, and other wellness goals
- Share your wellness progress with your health coaches in real time
- Virtual coaching options
- Connect with coworkers through buddy challenges

ENGAGEMENT HEALTH GROUP

Employee Assistance Program

Helping you cope with the present and plan for the future



When life gets tough, it's helpful to have someone in your corner to listen, offer advice and point you in the right direction for additional help. That's what you get from DisabilityGuidance℠—an Employee Assistance Program that offers confidential counseling when you need it most.

Your Employee Assistance Program

We're available 24/7 to assist you.

Call: **1-888-327-9573**
TDD: **1-800-697-0353**
Online: **guidanceresources.com**
Web ID: **SYMETRA**

When talking on the phone, mention Symetra as your employer sponsor.

Your DisabilityGuidance℠ Employee Assistance Program

Access Anytime

Call: **1-888-327-9573**
TDD: **1-800-697-0353**
Online: **guidanceresources.com**
Web ID: **SYMETRA**

When talking on the phone, mention Symetra as your employer sponsor.

SYMETRA
RETIREMENT | BENEFITS | LIFE

Program Highlights

You and eligible family members can meet face-to-face with a counselor, financial planner or attorney for expert, confidential information and guidance.[1] Your household is eligible for a total of five sessions per calendar year, plus an additional five with a covered disability claim.[2] These services are included in the overall premium so no additional payment is required to use the program.

Confidential Counseling

Trained counselors with a master's or doctorate degree are just a phone call away—and completely confidential. They'll listen to your concerns and quickly refer you to appropriate resources and providers for:

- Stress, anxiety and depression
- Credit card or loan problems
- Difficulties with children
- Job pressures
- Grief and loss
- Substance abuse

Financial Information and Resources

Contact a certified public accountant or certified financial planner for financial information and guidance, including:

- Getting out of debt
- Credit card or loan problems
- Tax questions
- Retirement planning
- Estate planning
- Saving for college

Legal Support

Talk to an attorney about:

- Divorce and family law
- Debt and bankruptcy
- Landlord/tenant issues
- Real estate transactions
- Civil and criminal actions
- Contracts

Need Legal Representation?

A guidance consultant will refer you to a qualified attorney in your area for a free 30-minute consultation. Any customary legal fees after that are reduced by 25%.

Helping you navigate life's planned and unplanned events.

For **$19.50 per month**, you, your spouse and dependents get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms when using a network attorney for a covered matter. And, for non-covered matters that are not otherwise excluded, your plan provides four hours of network attorney time and services per year.[3]

Money Matters	• Debt Collection Defense • Identity Theft Defense • Identity Restoration[4]	• Negotiations with Creditors • Personal Bankruptcy • Promissory Notes	• Tax Audit Representation • Tax Collection Defense
Home & Real Estate	• Boundary or Title Disputes • Deeds • Eviction Defense • Foreclosure	• Home Equity Loans • Mortgages • Property Tax Assessments • Refinancing of Home	• Sale or Purchase of Home • Security Deposit Assistance • Tenant Negotiations • Zoning Applications
Estate Planning	• Codicils • Complex Wills • Healthcare Proxies • Living Wills	• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	• Revocable & Irrevocable Trusts • Simple Wills
Family & Personal	• Adoption • Affidavits • Conservatorship • Demand Letters • Divorce (20 hours) • Garnishment Defense • Guardianship • Immigration Assistance	• Juvenile Court Defense, Including Criminal Matters • Name Change • Parental Responsibility Matters • Personal Property Protection	• Prenuptial Agreement • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings
Civil Lawsuits	• Administrative Hearings • Civil Litigation Defense	• Disputes Over Consumer Goods & Services • Incompetency Defense	• Pet Liabilities • Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for your parents: • Deeds • Leases	• Medicaid • Medicare • Notes • Nursing Home Agreements	• Powers of Attorney • Prescription Plans • Wills
Traffic & Other Matters	• Defense of Traffic Tickets[5] • Driving Privileges Restoration	• Habeas Corpus • License Suspension Due to DUI	• Repossession

To learn more about your coverages, view our attorney network or grant your dependents access, create an account.

Your account will also give you access to our self-help document library to complete simple legal forms. The forms are available to you, regardless of enrollment.

Create an account at **members.legalplans.com** or scan the QR code.

Questions? Call the **MetLife Legal Plans Client Service Center** at **800-821-6400** Monday—Friday, 8:00 a.m. to 8:00 p.m., ET.

masa Access

Compare plans

Get emergency medical transportation coverage to protect what matters most.

With a MASA plan, you'll have an additional layer of financial protection from the out-of-pocket costs of medical transportation. Explore the options below to compare the benefits offered in each plan.

Gain peace of mind and shield your finances knowing there's a MASA plan best suited for your needs.

	Emergent Plus plan	Emergent Premier plan	Platinum plan
	$14.00/month	**$19.00/month**	**$39.00/month**
Emergency Ground Ambulance Coverage	● [2]	● [2]	● [2]
Emergency Air Ambulance Coverage	● [2]	● [2]	● [2]
Hospital to Hospital Ambulance Coverage	● [2]	● [2]	● [2]
Repatriation to Hospital Near Home Coverage	● [2]	● [3]	● [4]
Post Admission Continued Care Transportation Coverage		● [1]	
Sick While Away From Home Expense Protection		● [4]	
Minor Return Transportation Coverage		● [3]	● [3]
Pet Return Transportation Coverage		● [3]	● [3]
Patient Return Transportation Coverage			● [4]
Companion Transportation Coverage			● [3]
Companion Return Transportation Coverage			● [3]
Hospital Visitor Transportation Coverage			● [3]
Mortal Remains Transportation Coverage			● [4]
Vehicle & RV Return Coverage			● [3]
Organ Retrieval Transportation Coverage			● [1]

Prescription Drug and Medicare Disclosure Notice

Important Notice from the Meriwether County BOC About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Meriwether County BOC and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this 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 (like an HMO or PPO) 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. The Meriwether County BOC has determined that the prescription drug coverage offered by the Anthem Blue Open Access OAP5 6000/0/%/8150 AE plan 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.

When Can You 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 to 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 (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current Meriwether County BOC coverage will not be affected.
If you drop your current prescription drug coverage and enroll in Medicare prescription drug coverage, you may enroll back into the Meriwether County BOC benefit plan during an open enrollment period under the Meriwether County BOC benefit plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?
You should also know that if you drop or lose your current coverage with the Meriwether County BOC 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.

For More Information About This Notice Or Your Current Prescription Drug Coverage…
Contact the person listed below for further information NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Meriwether County BOC changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…
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:
Visit www.medicare.gov
Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

From: July 1, 2024 to June 30, 2025
Name of Entity/Sender: Meriwether County Board of Commissioners
Contact Person: Valerie Chambers

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).

Other Disclosure Notices

NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS:
If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contribution toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself or your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

SECTION 125 PRE-TAX BENEFIT AUTHORIZATION NOTICE:
Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period. You may only make a change or drop coverage elections before the next open enrollment period under the following circumstances:
A change in marital status, or
A change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or
A change in employment status for myself or my spouse, or
Open enrollment elections for my spouse, or
A change in dependents eligibility, or
A change in residence or worksite.
Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred. All changes are subject to approval by your Employer/Plan.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ANNUAL NOTICE:
The Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy, including lymph edema.

NEWBORNS' ACT DISCLOSURE:
Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96) hours.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION: This Notice describes how the Plan(s) may use and disclose your protected health information ("PHI") and how you can get access to your information. The privacy of your protected health information that is created, received, used or disclosed by the Plan(s) is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice is available on the web at: www.meriwether.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan."

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS*:* On April 7, 1986, a federal law was enacted (Public Law 99272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your Employer, you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and your dependents the General Notice Of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The full Notice is available on the web at: www.meriwether.bswift.com . A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their spouse/dependents covered under the group health plan.

SUMMARY OF BENEFITS AND COVERAGE (SBC): As an employee, the group health (medical) benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) which summarizes important information about any health coverage option in a standard format to help you compare across options. The SBC is available on the web at www.meriwether.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.

HEALTH INSURANCE MARKETPLACE NOTICE (a.k.a. Exchange Notice): When key parts of the health care law took effect in 2014, a new way to buy health insurance became available through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, the Marketplace notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer. This notice is available on the web at www.meriwether.bswift.com. A paper copy is also available, free of charge, by calling your Employer.

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, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	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: https://www.in.gov/medicaid/ Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – 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: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

To see if any other states have added a premium assistance program since January 31, 2024, 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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Why Should I Contact the NFP Service Center?

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

Claim Resolution and Research: We can help you understand your Explanation of Benefits (EOB) as well as contact the insurance carriers on your behalf. We can assist in appealing a denied claim or help you request a Prior Authorization (PA) from your physician as it may be required by your medical carrier. We 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: We can assist you with questions regarding deductibles, copayments and coinsurance. We 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. We 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 your give proper documentation of the event.

Annual Enrollment Information: We 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: We can provide copies of your online enrollment confirmation statement or a copy of your paper enrollment form at any time.

The Service Center is available from 8:30 a.m. to 5:00 p.m. Monday through Thursday and 8:30 a.m. to 2:00 p.m. on Friday to assist you. We have an after-hours voice mailbox, and your call will be returned the next business day.

800-994-7429
NFPseCustomerService@nfp.com

Contact Information

Plan	Administrator	Website	Phone Number
Benefit / Enrollment Questions	NFP	NFPsecustomerservice@nfp.com	(800) 994-7429
Medical Benefits	Anthem	www.anthem.com	(855) 397-9267
HRA	Medcom	www.medcombenefits.com	(800) 523-7542
Dental Benefits	Anthem	www.anthem.com	(855) 397-9267
Vision Benefits	Anthem	www.anthem.com	(855) 397-9267
Life and AD&D Insurance	Symetra	www.symetra.com	(800) 796-3872
Short-Term Disability	Symetra	www.symetra.com	(800) 796-3872
Long-Term Disability	Symetra	www.symetra.com	(800) 796-3872
Employee Assistance Program	Symetra	www.symetra.com	(888) 327-9573
Medical Transportation Services	MASA	www.masaaccess.com	(800) 643-9023
Legal Services	MetLife	www.legalplans.com	(833) 214-4172
Human Resources Director	Valerie Chambers	v.chambers@meriwethercountyga.gov	(706) 672-2057

www.nfp.com
1-800-994-7429