



Employee Benefits Guide

Plan Year January 1, 2023 thru December 31, 2023



Enroll online at:

douglas.zevobenefits.com

Then Follow On-Screen Instructions

This guide includes information on the following:

Medical Benefits | Dental Benefits | Vision Benefits | Life Insurance | Disability Insurance
Accident Insurance | Critical Illness Insurance | Flexible Spending Account
Legal Assistance | COBRA Continuation | Important Contacts

TABLE OF CONTENTS

Table of Contents / Eligibility / Changes	1
Online Benefits Enrollment Portal	2
Message from Madam Chair Dr. Romona Jackson Jones / Board of Commissioners	3
Side by Side Medical Comparison	4
Open Access HMO Benefit Summary	5-7
Open Access POS Benefit Summary	8-10
Veracity Rx Benefits Summary	11-16
ER vs Urgent Care vs LiveHealth Online	17
LiveHealth Online	18-20
Health Rewards	21
Anthem Sydney App	22
Dental Benefit Comparison	23
Vision Benefit Summary	24-25
Group Basic Life and AD&D Insurance	26
Supplemental Term Life and AD&D Insurance	27-28
Voluntary Short Term Disability	29
Group Long Term Disability	30
Aflac Group Voluntary Accident Insurance	31
Aflac Group Voluntary Critical Illness Insurance	32
Flexible Spending Account (FSA) / Dependent Care Account (DCA) Summary	33-34
Douglas County Retirement Plans	35
TrustMark Universal Life Insurance	36-37
LegalShield	38
Employee Assistance Program (EAP)	39
Continuation Coverage Rights Under COBRA	40-41
CHIP Notice	42
Elections, Costs and Notes	43-44

This booklet is a summary only. Please refer to each plan's certificate of coverage / plan document for a complete description of all benefits and exclusions. If there is any difference between the information provided in this booklet and any certificate of coverage / plan document, the certificate of coverage / plan document will govern. Copies of all certificates of coverage / plan documents are available in the Human Resources department. In the event that some information changes, you will receive notice about the changes prior to the annual Open Enrollment. If you are a new employee, this information will help you to understand the benefit options available to you. If you're already covered by any of the benefit plans, you may refer to this booklet throughout the year as you use your benefits. This booklet also provides information regarding your COBRA rights and responsibilities.

ELIGIBILITY

Newly hired full-time employees are eligible for benefits on the first day of the month following 30 days of full-time employment.

Spouses and dependent children of the employee are also eligible to participate in our benefit plans. Dependent children include natural children, legally adopted children, stepchildren, and children for whom the employee has been appointed guardian. Federal law requires all health plans to report social security numbers for employees and covered dependents. Please make sure to have all necessary names, birthdates and social security numbers available for your enrollment.

CHANGES

Pre-Tax Deduction of Premiums (Section 125 Plan) - Health, dental, vision, FSA and accident insurance premiums are all deducted (if you have elected deductions) from your pay on a pre-tax basis (exempt from FICA, Federal and State tax) which in turn provides significant cost savings. This will continue and does not require any action on your part unless you desire to make changes. You will be able to make changes on any of your elections during the open enrollment period. Your selections cannot be changed until next year unless the revocation and new election are due to and consistent with a valid status change (e.g., marriage, divorce, death of a spouse or child, birth or adoption of a child or change of employment of your spouse as detailed in the Section 125 Regulations). **If you have a status change during the year you must notify Human Resources within 30 days. Any request to make changes after 30 days will not be allowed until the next annual open enrollment.** Please contact the County at 770-920-7267 if you have any questions regarding the open enrollment period or changes.

How do I enroll in my benefits online?

Go to: douglas.zevobenefits.com and follow the on-screen instructions.

After landing on the main login screen, click “Get Started Now” on the middle of the page to create an account. You will then see the screen below:

Please confirm your account

Email address *	Password *
<input type="text"/>	<input type="password"/>
Last four digits of your SSN *	Confirm password *
<input type="text"/>	<input type="password"/>
Date of Birth *	Create Account
<input type="text"/>	

[Click here if you are having trouble confirming your account](#)

This will prompt you to type in your email address (work or personal), the last 4 digits of your SSN, your birthdate, and then create a password that you will use for future access to this account.

1 Verify Your Info

2 Customize Your Benefits

3 Confirm & Submit

Cost Per Pay Period: \$0.00 / Cost to Employer: \$0.00

Show Tutorial Again

Finalize My Elections →

Medical
Waived Medical
\$0.00 / pay period

Dental
Waived Dental
Click here to complete...
\$0.00 / pay period

Vision
Waived Vision
Click here to complete...
\$0.00 / pay period

Life
Waived Basic Life
Waived Supplemental Life
Click here to complete...
\$0.00 / pay period

Disability
Waived Short Term Disability Insurance
Click here to complete...
\$0.00 / pay period

Legal Documents
Annual Required Notice: I acknowledge the Annual Required Notices have been provided.
Click here to complete...
\$0.00 / pay period

If you have any issues getting logged into the system please call MSI Benefits Group at **1-800-580-1629** or local number at (770-425-1231) Monday-Friday 8:00 AM - 5:00 PM.

MESSAGE FROM MADAM CHAIR JACKSON JONES



To: All Full Time Employees
From: Dr. Romona Jackson Jones
Subject: Employee Benefits

Greetings! The Open Enrollment period will commence on Monday November 7th and conclude on Friday November 18th. Changes can be made to your current benefit selections during this time and will become effective January 1, 2023. I am thankful for a great 2022 and preparation for an even better 2023. In considering all the financial implications due to inflation we are pleased to maintain our current benefit pricing and present you with a comprehensive benefits package that will assist you and your dependent family members in attaining and maintaining a healthy lifestyle.

Please except my heartfelt thank you for your contribution to Douglas County. The last couple of years have been full of unanticipated change and we have overcome significant challenges together. While COVID-19 cases have decreased significantly, I encourage each of you to maintain healthy habits; frequent hand washing, social distancing, wearing a face mask as needed and consider taking the vaccine. Let's continue to do our part to reach herd immunity so we can continue to move toward a sense of normalcy.

In closing, I encourage you to carefully review the enclosed information with your covered dependents as soon as possible to allow yourself sufficient time to weigh your options, ask questions, and to obtain the necessary information to make an informed choice for you and your dependent family members for plan year 2023. This booklet includes summary descriptions for each benefit and the associated costs, as well information regarding your COBRA rights and responsibilities.

Thank you for all you do in service to the citizens of Douglas County.

Sincerely,

Dr. Romona Jackson Jones
Chair
Douglas County Board of Commissioners

BOARD OF COMMISSIONERS



Henry Mitchell, III
District 1



Kelly G. Robinson
District 2



Tarenia Carthan
Vice-Chairman
District 3



Mark Alcarez
District 4



SIDE by SIDE MEDICAL COMPARISON

Douglas County offers two health plan options administered by Anthem. Both plans have a \$1,000 deductible and are Open Access. Neither Plan requires a PCP and referrals are not necessary to visit specialist physicians. The Open Access POS Plan also offers out-of-state and out-of-network coverage however you receive the best value by staying in-network.

IN-NETWORK	Open Access HMO	Open Access POS
Individual Calendar Year Deductible	\$1,000	\$1,000
Family Calendar Year Deductible	\$3,000	\$3,000
Coinsurance	Member Pays 10% Plan pays 90%	Member Pays 20% Plan pays 80%
Individual Out-of-Pocket Calendar Year Maximum*	\$3,000	\$3,000
Family Out-of-Pocket Calendar Year Maximum*	\$9,000	\$9,000
Primary Care Physician Copayment	\$30	\$30
Specialist Physician Copayment	\$60	\$60
Preventive Care <i>(not subject to deductible)</i>	\$0	\$0
Live Health Online <i>(Online Physician Visit)</i>	\$0	\$0
Urgent Care Center Copayment	\$60	\$60
Emergency Room Copayment <i>(waived if admitted)</i>	\$300 then 10%	\$300 then 20%
OUT-OF-NETWORK	Open Access HMO	Open Access POS
Individual Calendar Year Deductible	EMERGENCY COVERAGE ONLY	\$1,000
Family Calendar Year Deductible		\$3,000
Coinsurance		Member Pays 40% Plan Pays 60%
Individual Out-of-Pocket Calendar Year Maximum <i>(Includes Deductible)</i>		\$3,000
Family Out-of-Pocket Calendar Year Maximum <i>(Includes Deductible)</i>		\$9,000
	VERACITY RX	
PRESCRIPTION DRUG COPAYMENTS (Retail - 30 Day Supply)		
Tier 1 - Generic (Preferred Pharmacy)**	\$5	\$5
Tier 1 - Generic (Non-Preferred Pharmacy)**	\$20	\$20
Tier 2 - Name Brand	\$30	\$30
Tier 3 - Non-Formulary	\$60	\$60
Prescription Drug Copayments (Retail - 90 Day Supply) - <i>Not Available at Non-Preferred Pharmacy</i>		
Tier 1 - Generic	\$10	\$10
Tier 2 - Name Brand	\$60	\$60
Tier 3 - Non-Formulary	\$120	\$120

** "Non-Preferred" Pharmacies include CVS, Target, Walgreen's, and Rite-Aid = all other pharmacies are "Preferred"

EMPLOYEE DEDUCTIONS

Per Pay Period

COVERAGE LEVEL	Open Access HMO	Open Access POS
Employee Only	\$ 31.00	\$ 58.30
Employee + Spouse	\$123.99	\$196.47
Employee + Child(ren)	\$111.59	\$176.83
Employee + Family	\$142.59	\$231.45

Tobacco Surcharge: A \$25 per pay period surcharge will be applied to the health insurance premium for any employee who has used tobacco products within the past 90 days.

Working Spouse Surcharge: A \$25 per pay period spousal surcharge will be added to the health insurance premium if you have elected coverage for your spouse and your spouse is eligible for coverage through his/her employer. If your spouse is eligible for coverage as a Douglas County employee, the working spouse surcharge does not apply.

OPEN ACCESS HMO BENEFITS SUMMARY



COVERED MEDICAL BENEFITS	OPEN ACCESS HMO	
	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$1,000 member \$3,000 family	Not Covered
Out-of-Pocket Limit	\$3,000 member \$9,000 family	Not Covered
The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to both the individual deductible and individual out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.		
Preventive care / screening / immunization	No charge	Not Covered
<u>Doctor Home and Office Services</u>		
Primary Care Office Visit to treat an injury or illness	\$30 copay per visit deductible does not apply	Not Covered
Specialist Care Visit	\$60 copay per visit deductible does not apply	Not Covered
Prenatal and Post-natal Care	\$50 copayment (first visit only)	Not Covered
Other Practitioner Visits: Retail Health Clinic Visit Preferred On-line Visit <i>Includes Mental Health and Substance Abuse</i> Other Participating Provider On-line Visit <i>Includes Mental Health and Substance Abuse</i> Manipulation Therapy <i>Coverage is limited to 30 visits per year</i> Acupuncture	\$30 copay per visit deductible does not apply \$0 copay per visit deductible does not apply \$0 copay per visit deductible does not apply Not covered Not covered	Not Covered
<u>Other Services in an Office:</u> Allergy Testing Chemo/Radiation Therapy Dialysis/Hemodialysis Prescription Drugs - <i>Dispensed in the office</i>	\$30 copay per visit or \$60 if performed in a specialist office deductible does not apply \$60 copay per visit deductible does not apply 10% coinsurance after deductible is met 10% coinsurance after deductible is met	Not Covered
<u>Diagnostic Services</u> Lab: Office Freestanding Lab/Reference Lab Outpatient Hospital	\$30 copay per visit or \$60 if performed in a specialist office deductible does not apply No charge 10% coinsurance after deductible is met	Not Covered

COVERED MEDICAL BENEFITS	OPEN ACCESS HMO	
	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
X-Ray: Office Freestanding Radiology Center Outpatient Hospital	\$30 copay per visit or \$60 if performed in a specialist office deductible does not apply 10% coinsurance deductible does not apply 10% coinsurance after deductible is met	Not covered
Advanced Diagnostic Imaging Office Freestanding Radiology Center Outpatient Hospital	10% coinsurance after deductible is met 10% coinsurance deductible does not apply 10% coinsurance after deductible is met	Not covered
<u>Emergency and Urgent Care</u> Urgent Care	\$60 copay per visit deductible does not apply	Not covered
Emergency Room Facility Services <i>Cost share waived if admitted</i> Emergency Room Doctor and Other Services	\$300 copay per visit and 10% coinsurance deductible does not apply 10% coinsurance deductible does not apply	Covered as In-Network Covered as In-Network
<u>Outpatient Mental/Behavioral Health and Substance Abuse</u> Doctor Office Visit Facility visit: Facility Fees Doctor Services	\$30 copay per visit deductible does not apply 10% coinsurance after deductible is met 10% coinsurance after deductible is met	Not covered
<u>Outpatient Surgery</u> Facility Fees: Hospital Freestanding Surgical Center Doctor and Other Services: Hospital Freestanding Surgical Center	\$100 copay then 10% coinsurance after deductible is met 10% coinsurance deductible does not apply 10% coinsurance after deductible is met 10% coinsurance deductible does not apply	Not covered

OPEN ACCESS HMO BENEFITS SUMMARY



COVERED MEDICAL BENEFITS	OPEN ACCESS HMO	
	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Hospital (Including Maternity, Mental / Behavioral Health, Substance Abuse): Facility fees Doctor and other services	10% coinsurance after deductible is met 10% coinsurance after deductible is met	Not covered
<u>Recovery & Rehabilitation</u> Home Health Care <i>Coverage is limited to 120 visits per year. Limits are combined for all home health services.</i>	10% coinsurance after deductible is met	Not covered
Rehabilitation services: Office <i>Coverage for rehabilitative and habilitative physical therapy and occupational therapy combined is limited to 30 visits per year. Coverage for rehabilitative and habilitative speech therapy is limited to 30 visits per year.</i> Outpatient Hospital <i>Limits are combined with Rehabilitation office visits.</i>	\$30 copay per visit deductible does not apply 10% coinsurance after deductible is met	Not covered
Cardiac Rehabilitation Office Outpatient Hospital	\$30 copay per visit or \$60 if performed in a specialist office deductible does not apply 10% coinsurance after deductible is met	Not covered
Skilled Nursing Care (facility) <i>Coverage for Inpatient rehabilitation and skilled nursing services is limited to 60 days combined per benefit period.</i>	10% coinsurance after deductible is met	Not covered
Hospice	10% coinsurance deductible does not apply	Not covered
Durable Medical Equipment	10% coinsurance after deductible is met	Not covered
Prosthetic Devices	10% coinsurance after deductible is met	Not covered

OPEN ACCESS POS BENEFITS SUMMARY

COVERED MEDICAL BENEFITS	OPEN ACCESS POS	
	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$1,000 member \$3,000 family	\$1,000 member \$3,000 family
Out-of-Pocket Limit	\$3,000 member \$9,000 family	\$3,000 member \$9,000 family
The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to both the individual deductible and individual out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.		
Preventive care / screening / immunization	No charge	40% coinsurance after deductible is met
<u>Doctor Home and Office Services</u> Primary Care Office Visit to treat an injury or illness	\$30 copay per visit deductible does not apply	40% coinsurance after deductible is met
Specialist Care Visit	\$60 copay per visit deductible does not apply	40% coinsurance after deductible is met
Prenatal and Post-natal Care	\$100 Copayment (first visit only)	40% coinsurance after deductible is met
<u>Other Practitioner Visits:</u> Retail Health Clinic Visit Preferred On-line Visit <i>Includes Mental Health and Substance Abuse</i> Other Participating Provider On-line Visit <i>Includes Mental Health and Substance Abuse</i> Manipulation Therapy <i>Coverage is limited to 30 visits per year</i> Acupuncture	\$30 copay per visit deductible does not apply \$0 copay per visit deductible does not apply \$0 copay per visit deductible does not apply \$30 copay per visit deductible does not apply Not covered	40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met Not covered
<u>Other Services in an Office:</u> Allergy Testing Chemo/Radiation Therapy Dialysis/Hemodialysis Prescription Drugs - <i>Dispensed in the office</i>	\$30 copay per visit or \$60 if performed in a specialist office deductible does not apply 20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met
<u>Diagnostic Services</u> Lab: Office Freestanding Lab/Reference Lab Outpatient Hospital	\$30 copay per visit or \$60 if performed in a specialist office deductible does not apply No charge 20% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met

OPEN ACCESS POS BENEFITS SUMMARY



COVERED MEDICAL BENEFITS	OPEN ACCESS POS	
	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
X-Ray: Office Freestanding Radiology Center Outpatient Hospital	\$30 copay per visit or \$60 if performed in a specialist office deductible does not apply 20% coinsurance deductible does not apply 20% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met
Advanced Diagnostic Imaging: Office Freestanding Radiology Center Outpatient Hospital	20% coinsurance after deductible is met 20% coinsurance deductible does not apply 20% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met
<u>Emergency and Urgent Care</u> Urgent Care Emergency Room Facility Services (<i>Cost share waived if admitted</i>) Emergency Room Doctor and Other Services	\$60 copay per visit deductible does not apply \$300 copay per visit and 20% coinsurance deductible does not apply 20% coinsurance deductible does not apply	40% coinsurance after deductible is met Covered as In-Network Covered as In-Network
Ambulance	0% coinsurance deductible does not apply	Covered as In-Network
Outpatient Mental/Behavioral Health and Substance Abuse Disorder Doctor Office Visit Facility visit: Facility Fees Doctor Services	\$30 copay per visit deductible does not apply 20% coinsurance after deductible is met 20% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met
Outpatient Surgery Facility Fees: Hospital Freestanding Surgical Center Doctor and Other Services: Hospital Freestanding Surgical Center	20% coinsurance after deductible is met 20% coinsurance deductible does not apply 20% coinsurance after deductible is met 20% coinsurance deductible does not apply	40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met

COVERED MEDICAL BENEFITS	OPEN ACCESS POS	
	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<u>Hospital (including Maternity, Mental / Behavioral Health, Substance Abuse)</u> Facility fees Doctor and other services	20% coinsurance after deductible is met 20% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met
<u>Recovery & Rehabilitation</u> Home Health Care Visits - Coverage is limited to 120 visits per benefit period. Limits are combined for all home health services	0% coinsurance after deductible is met	40% coinsurance after deductible is met
Rehabilitation services: Office Coverage for rehabilitative and habilitative physical therapy and occupational therapy combined is limited to 30 visits per year. Coverage for rehabilitative and habilitative speech therapy is limited to 30 visits per year. Outpatient Hospital Limits are combined with Rehabilitation office visits.	\$30 copay per visit deductible does not apply 20% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met
Cardiac Rehabilitation Office Outpatient Hospital	20% coinsurance after deductible is met 20% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met
Skilled Nursing Care (in a facility) Coverage for Inpatient rehabilitation and skilled nursing services is limited to 60 days combined per benefit period.	0% coinsurance after deductible is met	40% coinsurance after deductible is met
Hospice	0% coinsurance deductible does not apply	Covered as In-Network
Durable Medical Equipment	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Prosthetic Devices	20% coinsurance after deductible is met	40% coinsurance after deductible is met

Your Pharmacy Plan

Pharmacy Coverage copays are as follows:

PRESCRIPTION DRUG COPAYMENTS (Retail - 30 Day Supply)		
Tier 1 - Generic (Preferred Pharmacy)**	\$5	\$5
Tier 1 - Generic (Non-Preferred Pharmacy)**	\$20	\$20
Tier 2 - Name Brand	\$30	\$30
Tier 3 - Non-Formulary	\$60	\$60
Prescription Drug Copayments (Retail - 90 Day Supply) - Not Available at Non-Preferred Pharmacy		
Tier 1 - Generic	\$10	\$10
Tier 2 - Name Brand	\$60	\$60
Tier 3 - Non-Formulary	\$120	\$120

***Non-preferred pharmacies are CVS, Target, Walgreen's, and Rite-Aid. All other pharmacies are considered preferred.*

Pharmacy Benefits Partner

VeracityRx will oversee and manage your pharmacy benefits. As your benefits partner, VeracityRx will handle all claims and customer service functions including Specialty and Personal Importation pharmacy fulfillment.

Where You Can Fill Prescriptions

Your plan uses a preferred/non-preferred pharmacy network, so virtually any pharmacy can fill your prescription(s). *If you choose to go to a non-preferred pharmacy, you will have a higher copay. Non-preferred pharmacies are CVS, Target, Walgreen's, and Rite-Aid. *Specialty Medications are excluded from the plan (see page 13 regarding available assistance).

How to Connect

- You can reach VeracityRx 24 hours a day, 7 days a week – they're always available to take your call, even on holidays.
 - Locate a network pharmacy
 - Understand your pharmacy benefit
 - Get prior authorization information
- Call 888-388-8228

Member Portal Access and Benefits Management

- Register for your member portal access:
 - Register at: <https://veracity.procarerx.com>
 - Note: To access the secured portal listed above, the full web address must include **https://**
- Use your online account to:
 - Access and/or restrict profile viewing by other family members
 - Review your prescription claims history or individual prescriptions
 - Look up a drug to identify formulary status and preferred alternatives
 - Locate pharmacies within a zip code, state, city, or county



Prescription Coverage Overview

VeracityRx

Here's a few ways our Pharmacy program strives to save members money.

Go Generic and Save

- When you choose the generic prescription versus the brand name Rx, you can save on your member cost/copay. *For example, if your physician prescribes the name brand "Norvasc" to manage your blood pressure, choose the generic form amlodipine and save yourself and the plan money.*

Avoid High-Cost Pharmacies

- **Effective January 1, 2023**, the following pharmacies are considered **Non-Preferred**: CVS, Target, Walgreen's, and Rite-Aid. *Please note that Non-Preferred pharmacies have a higher copay.*
 - **Preferred Pharmacies:** All independent pharmacies and grocery stores are considered preferred.

Get your 90-day prescription filled right at your favorite preferred pharmacy

- You can elect to get a 90-day fill using your local pharmacy. *This benefit is not available via mail order.*

Specialty Pharmacy Services

- **Specialty Medications**
 - Specialty Medications are EXCLUDED from the plan. Assistance in obtaining your specialty medications is available through VeracityRx Specialty Pharmacy Services. If you are currently on a specialty drug, you can get started by going to www.veracity-rx.com and completing the "**Enrollment Form**" located at the top of the page with your information. Once completed, a VeracityRx Specialty team member will be in touch. **See page 13** for additional details and a list of commonly prescribed Specialty Medications.
- **Personal Importation Medications**
 - Medications that can be obtained internationally (from Canada) can also be acquired through VeracityRx Specialty Pharmacy Services. When the medications are obtained this way, the cost to you is **\$0 Copay**. If you choose not to participate, a 50% penalty will apply. **See page 14** for additional details and a list of commonly prescribed Personal Importation Medications.

Note: *Some drugs require a pre-authorization. Even if you have obtained a pre-authorization with the current plan, you may have to obtain an updated one for the new plan.*



Specialty Medications

Specialty Medications

Assistance in obtaining your specialty medications is available through VeracityRx Specialty Pharmacy Services. A Pharmacy Specialist, who is a registered pharmacist, will work with you as an advocate. Their team works closely with you (and/or covered family members who are taking a specialty medication) and with the specialty medication manufacturer, the prescriber, and other entities to maintain the prescriptions while alleviating the financial burden.

- To participate in this program, you will be required to submit certain documentation. These documents typically include:
 - Signed copy of most recent federal tax return.
 - Front and back copy of medical insurance card.

Please allow a member of our Pharmacy Specialty team to **take the lead in discussions with the drug manufacturer or their various foundations that offer assistance**. As your pharmacy specialist and patient advocate, we are here to work on your behalf. If you or your covered dependent are currently taking a medication affected by these changes, please enroll at www.veracity-rx.com. Following your enrollment, a member of the team will contact you.

*If you choose not to participate in this program, you will be responsible for the **full cost of the medication**. This cost will **not** apply to your deductible or out of pocket accumulators.*

To begin the process, log onto the website below to complete the “Enrollment Form”.

VeracityRx Specialty Pharmacy Contact Information:

Enroll at: www.veracity-rx.com

**List is only a sample of the top specialty drugs and is subject to change without notice. Additional specialty drugs can be pursued beyond this list.*

Commonly Prescribed Specialty Drugs*		
Drug	Drug	Drug
Actemra	Humatrope	Stelara
Adempas	Humira	Strensiq
Afinitor	Humira CF	Sutent
Aubagio	Ibrance	Tagrisso
Avonex	Kuvan	Taltz
Benlysta	Norditropin AQ	Tobi Podhaler
Cimzia	Opsumit	Tyvaso
Cosentyx	Orencia	Vimpat
Dupixent	Otezla	Vumerity
Enbrel	Pulmozyme	Xeljanz
Envarsus XR	Rebif	Xeljanz XR
Firazyr	Revlimid	Xtandi
Genotropin	Simponi	Zelboraf
Gilenya	Skyrizi	
Haegarda	Sprycel	

Personal Importation Medications

Personal Importation Medications

Note: The international medications process differs slightly from the specialty

Enrollment Process:

- Step 1:** Please check the list below of **commonly prescribed medications that can be sourced internationally** (from Canada).
- Step 2:** If you or a covered member of your household are on any of the drugs listed, please start by going to www.veracity-rx.com and completing the **“Enrollment Form”**.
- Step 3:** Be on the lookout for an email from a VeracityRx Personal Importation Team member with next steps.
- Step 4:** Contact your healthcare provider to have a new prescription sent into our pharmacy partner.
**Instructions will be included in email on how to send in new prescription.*

International Drugs		
Drug	Drug	Drug
Advair Inhaler	Invokana	Rexulti
Anoro Ellipta	Invokamet	Rybelsus
Apidra	Isentress	Silenor
Apidra Solostar	Janumet	Spiriva Respimat
Arnuity Ellipta	Janumet XR	Symbicort
Atripla	Januvia	Tivicay
Basaglar Kwikpen	Jardiance	Toujeo Solostar
Biktarvy	Juluca	Tradjenta
Breo Ellipta	Levemir Flextouch	Trelegy Ellipta
Combivent Respimat	Omnaris	Tresiba
Descovy	Ozempic	Trintellix
Dulera	Prezcobix	Trulicity
Eliquis	Qvar	Vemlidy
Entresto	Omnaris	Viberzi
Farxiga	Ozempic	Victoza
Fiasp	Prezcobix	Xarelto
Flovent HFA	Qvar	

**List is only a sample of the top international drugs and is subject to change without notice.
Additional international drugs can be pursued beyond this list.*

Prescription Coverage FAQs

Frequently Asked Questions

Pharmacy FAQs	Pharmacy Benefits
Who is my Pharmacy Benefit Provider?	VeracityRx is your Pharmacy Benefits Partner working in conjunction with ProCare Rx as the PBM.
Are there preferred or non-preferred pharmacies?	There are a few pharmacies that are considered <i>non-preferred</i> . They are CVS, Walgreen's, Target, and Rite Aid. All other independent pharmacies are considered preferred. We encourage grocery store chains, locally owned neighborhood pharmacies and Costco as your lowest cost options.
Where can I fill my prescriptions?	Virtually any pharmacy can fill your prescription(s)*. <i>*Specialty drugs can only be fulfilled through VeracityRx Specialty Pharmacy Services.</i>
Can I get a 90-day supply?	A 90-day supply is available at any retail pharmacy provider. Excludes Specialty drugs.
What happens when you fill a brand drug when a generic is available?	If you request a brand name drug when a generic of the same medication is available, you will be responsible for your copay as well as the difference in cost between the generic product and the brand name product. Please note that the copay will never be greater than the cost of the brand itself.
Where can I fill my specialty and personal importation prescriptions?	Our Specialty Pharmacy Services can help you obtain your specialty and personal importation drugs at the lowest possible cost for you and the company. Go to: www.veracity-rx.com to get started!

Common drug exclusions

The plan does not cover certain items. Some exclusions may include:

- Over the counter (OTC) medications or their equivalents, including certain Proton Pump Inhibitors (PPI) or allergy medications, such as Prevacid, Prilosec, Nexium, Zyrtec, Allegra, and Claritin
- Drug products used for cosmetic purposes
- Vitamins and minerals (except prenatal vitamins)
- Experimental drug products, or any drug used in an experimental manner



Member Quick Reference Guide



Pharmacy Benefit Provider

VERACITYRX

Phone: 888-388-8228

When to Call:

- To locate a pharmacy
- To ask a benefit question
- To get information on prior authorizations
- To get help when you are at the pharmacy and a drug is denied



90-Day Prescriptions

MAINTENANCE DRUGS

At Retail:

Preferred Pharmacies Only



Specialty Medications

HIGH-COST DRUGS

Enroll at www.veracity-rx.com and a VeracityRx Pharmacist Concierge will be in touch



Retail Pharmacy Network

PREFERRED PHARMACIES

Advantages:

- Lower Copays on Generic Prescriptions

Which are Preferred?

Grocery stores such as Kroger, Publix, Sam's Club, Costco, Wal-Mart, Winn-Dixie and locally-owned neighborhood pharmacies. *Basically any pharmacy EXCEPT those that are non-preferred.*

NON-PREFERRED PHARMACIES

Disadvantages:

- Higher Copays on Generic Prescriptions

Which are Non-Preferred?

CVS, Walgreens, Rite-Aid, and Target

Pharmacy contact information can be found on the back of your Anthem ID card. If you have questions regarding your plan benefits, please contact:

VeracityRx at 888-388-8228



Which is better for a sore Throat and cough?

Emergency Room (ER) vs Urgent Care vs LiveHealth Online



When your throat hurts or you can't stop coughing, where should you go?



Emergency room



Urgent care/retail health clinic



LiveHealth Online

What would my copay be using each option?

\$300 Copay

\$60 Copay

\$0 Copay

Would I have to pay anything extra after the copay?

Coinsurance*

No

No

What is the average time spent at each location per visit?

4 hours



1 hour



20 min



Need to find care nearby?



Online: Go to [anthem.com](https://www.anthem.com) and choose **Find a doctor**. Follow the steps to search for a doctor or health care provider in your plan.



By phone: Call the Member Services number on your ID card for help finding providers in your plan.

***Members must now pay the coinsurance portion (10% HMO and 20% POS) after the \$300 copay is met for ER visits. The average ER visit total cost is \$1,600.**



LiveHealth Online

What you need to know about video visits with a doctor, 24/7

What is LiveHealth Online?

LiveHealth Online lets you have a video visit with a board-certified doctor using your smartphone, tablet or computer with a webcam. No appointments, no driving and no waiting at an urgent care center. Doctors are available 24/7 to assess your condition and, if it's needed, they can send a prescription to your local pharmacy.*

Use LiveHealth Online if you have pinkeye, a cold, the flu, a fever, rashes, infections, allergies or another common health condition. It's faster, easier and more convenient than a visit to an urgent care center.

Why would I use LiveHealth Online instead of going to visit my doctor in person?

LiveHealth Online isn't meant to replace your primary care doctor. It's a convenient option for care when your doctor isn't available. LiveHealth Online connects you with a doctor in minutes. Plus, you can get a LiveHealth Online visit summary from the *MyHealth* tab at livehealthonline.com to print, email or fax to your primary care doctor.

LiveHealth Online should not be used for emergency care. If you have a medical emergency, call 911 right away.

When is LiveHealth Online available?

Doctors are available 24/7, 365 days a year.

How does LiveHealth Online work?

When you need to see a doctor, simply go to livehealthonline.com or use the LiveHealth Online mobile app. Pick the state you're in and answer a few questions.

Setting up an account allows you to securely store your personal and health information. Plus, you can easily connect with doctors in the future, share your health history and set up online visits at times that fit your schedule.

Once connected, you can talk with the doctor as if you were in a private exam room.



How much does it cost to use LiveHealth Online?

Your Anthem plan includes benefits for video visits using LiveHealth Online. **All PCP visits are at no cost to you.**

Will I be charged more if I use LiveHealth Online on weekends, holidays or at night?

No, the cost is the same.

How do I pay for a LiveHealth Online visit?

All PCP visits are at no cost to you.

Is there a LiveHealth Online app that I can download to my smartphone?

Yes, search for “LiveHealth Online” in the App Store® or on Google Play™. To learn what mobile devices are supported and get instructions, go to livehealthonline.com and select **Frequently asked questions** under the *How it works* tab.

What type of computer do I need to use LiveHealth Online?

You'll need high-speed Internet access, a webcam or built-in camera with audio. To learn what computer hardware and software you need, go to livehealthonline.com and select **Frequently asked questions** under the *How it works* tab.

Do doctors have access to my health information?

It depends on whether or not you set up an account. With a LiveHealth Online account, you can allow doctors to access and review your health information from past visits. Also, to help keep track of your own health information, you can record it at livehealthonline.com. Once you sign in, go to the *MyHealth* tab and then select **Health Record**.

How long is a LiveHealth Online visit?

A typical LiveHealth Online visit with a doctor lasts about 10 minutes.



Can I get online care from a doctor if I'm traveling or in another state?

Yes, just select the state you're in under **My Location** on livehealthonline.com or with the app, and you'll only see doctors licensed to treat you in that state. Don't forget to change the state back when you get home.

What if I still have questions about using LiveHealth Online?

Send an email to customersupport@livehealthonline.com or call toll free at **1-888-548-3432**.



* Prescription availability is defined by physician judgment and state regulations. Visit the home page of livehealthonline.com to view the service map by state.

LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem.

If you're a retiree or have coverage that complements your Medicare benefits, your employer sponsored health plan may not include coverage for online visits using LiveHealth Online. Check your plan documents for details. You can still use LiveHealth Online, but you may have to pay the full cost of a visit. Online visits using LiveHealth Online may not be a covered benefit for HRA and HIA+ members.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to livehealthonline.com. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc.; HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

LiveHealth Online

Sign up today — so you're ready for a video visit when you need it



Using LiveHealth Online, you can have a private and secure video visit with a board-certified doctor or licensed therapist on your smartphone, tablet or computer with a webcam. It's an easy way to get the care you need at home or on the go.

When your own doctor isn't available, use LiveHealth Online 24/7 if you have pinkeye, a cold, the flu, a fever, allergies, a sinus infection or other common health condition. A doctor can assess your condition, provide a treatment plan and even send a prescription to your pharmacy, if it's needed.¹

How to get started

Rather than waiting to sign up when you're not feeling well, register today so you're ready for a visit when you need one. To sign up, visit livehealthonline.com or download the free LiveHealth Online app to your mobile device. Next, you:

1. Choose **Sign Up** to create your LiveHealth Online account. Then enter information like your name, email address, date of birth and create a secure password.
2. Read the *Terms of Use* and check the box to agree.
3. Choose your location in the drop-down box of states.
4. Enter your birth date and choose your gender.
5. For the question "Do you have insurance?", select **Yes**. Be sure to have your Anthem member ID card handy to complete your insurance information. If you choose **No**, you can still enter your insurance information later.
6. For **Health Plan**, in the drop-down box, select **Anthem**.
7. For **Subscriber ID**, enter your identification number, which is found on your Anthem member ID card. Select **Yes** if you are the primary subscriber or **No** if you are not the primary subscriber.
8. Insert a service key if you have one. If you don't have a service key that's OK, this is optional and not required to register.
9. Select the green **Finish** button.



Anthem Health Rewards - 2023 Earn Up to \$225 in Rewards

ANNUAL HEALTH REWARDS



Preventive Activities:

- Annual Well Exam \$100
- Annual Flu Shot \$25
- Colorectal Exam/Screen \$50
women and men 50 and older
- Mammogram \$50
women 40 and older

Get a preventive activity done. These do not have to be at the same time.



The wellness activity claims are sent to Anthem



Once the claim is processed, rewards are issued in approximately six weeks ²



1. Rewards can be earned by the subscriber during their benefit plan year. Must be 18 or older to earn rewards.

As you complete wellness activities, rewards credits will be automatically loaded into your rewards account and available to spend. Go to Redeem Rewards to use your rewards credit toward an electronic gift card simply choose from popular retailers including MasterCard, Amazon, Bed Bath & Beyond, Gap (all brands), Staples, Target, The Home Depot, and TJ Maxx. The minimum gift card amount is set by each individual retailer.

2. Rewards will show in account when the provider submits claims to Anthem after the employee receives their wellness activity.

Steps to Access

Anthem Resources and Rewards



Sydney Health



To Access Anthem's Sydney Health App :

Download the **Sydney Health** app from the app store or

visit **Anthem.com/signup**

➤ Register and *login

*You can use your Anthem member portal user name and password.

➤ On the **Menu page(More)**, choose MyHealth

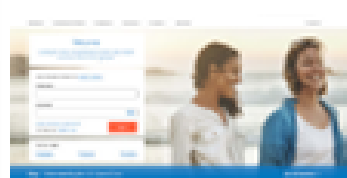
Dashboard, you will see **My Rewards**, ways to earn and programs like ConditionCare.



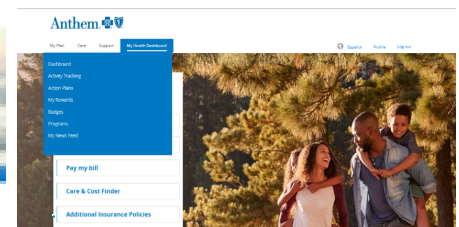
To Access Anthem's Member Portal:

1. **Register** at anthem.com
- OR
2. **Login** at anthem.com
3. Select **the My Health Dashboard**
4. Select **My Rewards**

Login Page



MyHealth Dashboard

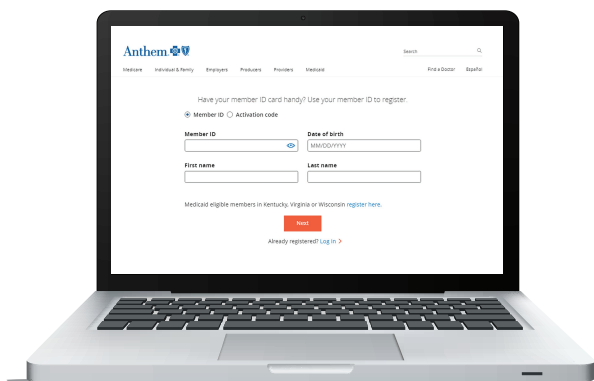


It's easy. Everything you need to know about your Anthem benefits — all in one place. It's simple, personal and all about you.

- Check Claims
- See benefits
- Get your ID card
- Manage health care accounts
- Find a doctor
- Community Resources
- Get medicine
- Estimate costs
- Get discounts
- My Rewards
- Wellness Programs like ConditionCare & Future Moms

You've got quick access to your health care!

Register on **anthem.com** or the **Sydney** mobile app.* Have your member ID card handy to register



From your computer

- 1 Go to **anthem.com/register**
- 2 Provide the information requested
- 3 Create a username and password
- 4 Set your email preferences
- 5 Follow the prompts to complete your registration

From your mobile device

- 1 Download the free **Sydney** mobile app and select **Register**
- 2 Confirm your identity
- 3 Create a username and password
- 4 Confirm your email preferences
- 5 Follow the prompts to complete your registration

It's easy. Everything you need to know about your plan — including medical — in one place. Making your health care journey simple, personal — all about you.



Need help signing up?
Call us at **1-866-755-2680**.

* You must be 18 years or older to register your own account.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT). Healthy Alliance® Life Insurance Company (HALIC) and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

DENTAL BENEFIT COMPARISON



	BASE PLAN		BUY-UP PLAN	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$50 / member; maximum of \$150 family <ul style="list-style-type: none"> • Applies to Basic and Major Services • Maximum of three deductibles per family • No Deductible on Preventive Services 		\$50 / member; maximum of \$150 family <ul style="list-style-type: none"> • Applies to Basic and Major Services • Maximum of three deductibles per family • No Deductible on Preventive Services 	
Annual Maximum	\$1,200 per person \$1,000 Lifetime Orthodontics		\$2,500 per person \$1,000 Lifetime Orthodontics	
Coinsurance Amounts	100% Preventive Services 80% Basic Services 50% Major Services 50% Orthodontic Services		100% Preventive Services 80% Basic Services 50% Major Services 50% Orthodontic Services	
Predetermination of Benefits	Recommended for charges in excess of \$350		Recommended for charges in excess of \$350	

BOTH PLANS

In & Out of Network Dental Coinsurance Covered Procedures

100% Preventive Services (Type 1)

- Routine oral examinations
- Prophylaxis (two per year)
- Topical applications of fluoride
- Space Maintainers
- Diagnostic casts
- Pulp vitality testing (one per year)
- Dental X-rays
- Sealants

80% Basic Services (Type 2)

- Fillings
- Oral surgery
- Simple extractions
- Other visits and exams
- Palliative emergency treatment
- Occlusal guards (one per year)
- Endodontics
- Periodontic Services
- Repair of removable dentures
- Re-cement crowns and bridges
- Inlays
- Crowns
- Denture rebase or relines
- Repair of fixed bridge

50% Major Services (Type 3)

- Bridges
- Dentures
- Implants (**BUY-UP Plan ONLY**)

50% Orthodontic Services (Type 4)

Lifetime Maximum - \$1,000 for dependents up to age 19

Waiting Period

Employees who enroll for dental coverage that did not have prior dental coverage, have a 6-month waiting period for their Participants for Type 2, 3 or 4 services.

See Certificate Booklet for Complete Details:

It is important to keep in mind that this material is a brief outline of benefits and covered service and is not a contract. Please refer to your Certificate Booklet (the Contract) for a complete explanation of covered services, limitations and exclusions.

EMPLOYEE DEDUCTIONS

Per Pay Period

COVERAGE LEVEL	BASE PLAN	BUY-UP PLAN
Employee Only	\$1.92	\$ 4.54
Employee + Spouse	\$7.70	\$13.20
Employee + Child(ren)	\$6.93	\$11.90
Employee + Family	\$8.86	\$16.71

**WELCOME TO
BLUE VIEW VISION!
Plan A.10.10**

Good news—your vision plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what's covered, your discounts, and much more!



Your Blue View Vision network

Blue View Vision offers you one of the largest vision care networks in the industry, with a wide selection of experienced ophthalmologists, optometrists, and opticians. Blue View Vision's network also includes convenient retail locations, many with evening and weekend hours, including LensCrafters®, Target® Optical, JC Penney Optical, Sears Optical and Pearle Vision® locations. Best of all – when you receive care from a Blue View Vision participating provider, you can maximize your benefits and money-saving discounts. Members may call Blue View Vision toll-free at (866) 723-0515 with questions about vision benefits or provider locations.

Out-of-network services

Did we mention we're flexible? You can choose to receive care outside of the Blue View Vision network. You simply get an allowance toward services and you pay the rest. (In-network benefits and discounts will not apply.) Just pay in full at the time of service and then file a claim for reimbursement.

YOUR BLUE VIEW VISION PLAN AT-A-GLANCE

VISION CARE SERVICES		IN-NETWORK	OUT-OF-NETWORK
Routine eye exam - Each calendar year		\$10 copay; then covered in full	\$49 allowance
Eyeglass frames Every two years you may select any eyeglass frame and receive the following allowance toward the purchase price:		\$150 allowance then 20% off remaining balance	\$50 allowance
Eyeglass lenses (Standard) Factory scratch coating included Polycarbonate lenses included for children under 19 years old. Transitions™ lenses included for children under 19 years old. Each calendar year you may receive any one of the following lens options: <ul style="list-style-type: none">Standard plastic single vision lenses (1 pair)Standard plastic bifocal lenses (1 pair)Standard plastic trifocal lenses (1 pair)		\$10 copay; covered in full \$10 copay; covered in full \$10 copay; covered in full	\$35 allowance \$49 allowance \$74 allowance
Eyeglass lens upgrades When receiving services from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass copayment applies. ¹ Please ask your provider for his/her recommendation as well as the progressive brands by tier. ² Please ask your provider for his/her recommendation as well as the coating brands by tier.	Lens Options <ul style="list-style-type: none">UV CoatingTint (Solid and Gradient)Standard PolycarbonateTransitions™ lensesOther PhotochromicsProgressive Lenses¹<ul style="list-style-type: none">StandardPremium Tier 1Premium Tier 2Premium Tier 3Standard Anti-Reflective Coating²Premium Tier 1 Anti-Reflective Coating²Premium Tier 2 Anti-Reflective Coating²Other Add-ons and Services	Member cost for upgrades \$15 \$15 \$40 \$75 \$75 \$65 \$85 \$95 \$110 \$45 \$57 \$68 20% off retail price	Discounts on lens upgrades are not available out-of-network
Contact lenses Each calendar year Prefer contact lenses over glasses? You may choose to receive contact lenses instead of eyeglasses and receive an allowance toward the cost of a supply of contact lenses. Your contact lens allowance must be used at the time of initial service.	<ul style="list-style-type: none">Elective Conventional LensesElective Disposable LensesNon-Elective Contact Lenses No amount over the allowance may be carried forward to subsequent materials in the same or the following calendar year.	\$130 allowance then 15% off remaining balance \$130 allowance Covered in Full	\$92 allowance \$92 allowance \$250 allowance

VISION BENEFIT SUMMARY



WELCOME TO BLUE VIEW VISION! Plan A.10.10

Good news—your vision plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what's covered, your discounts,



VISION CARE SERVICES

Contact lens fitting and follow up

A contact lens fitting and two follow-up visits are available to you once a comprehensive eye exam has been completed.

- Standard contact fitting*
- Premium contact lens fitting**

*A standard contact lens fitting includes spherical clear contact lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

**A premium contact lens fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

IN-NETWORK

Member Cost

Fitting and follow up visits up to
\$55

10% off retail price

OUT-OF-NETWORK

Discounts not available
out-of-network

Discounts - Savings on additional eyewear and accessories - After you use your initial frame or contact lens allowance, you can take advantage of discounts on additional prescription eyeglasses, conventional contact lenses, and eyewear accessories courtesy of Blue View Vision network providers.

BLUE VIEW VISION ADDITIONAL SAVINGS

Additional Pair of Complete Eyeglasses

Contact Lenses - Conventional (Discount applied to materials only)

Eyewear Accessories

Includes some non-prescription sunglasses, lens cleaning supplies, contact lens solutions and eyeglass cases, etc.

*Items purchased separately are discounted 20% off the retail price. Blue View Vision's Additional Savings Program is subject to change without notice.

MEMBER SAVINGS

40% discount off retail*

15% off retail price

20% off retail price

LASER VISION CORRECTION SURGERY

Glasses or contacts may not be the answer for everyone. That's why we offer further savings with discounts on refractive surgery. Pay a discounted amount per eye for LASIK Vision correction. For more information, go to SpecialOffers at anthem.com and select vision care.

USING YOUR BLUE VIEW VISION PLAN

The Blue View Vision network is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network.

OUT-OF-NETWORK

If you choose an out-of-network provider, please complete the out-of-network claim form and submit it along with your itemized receipt to the below fax number, email address, or mailing address. When visiting an out-of-network provider, you are responsible for payment of services and/or eyewear materials at the time of service.

To Fax: **866-293-7373**
To Email: oonclaims@eyewearspecialoffers.com
To Mail: **Blue View Vision**
Attn: OON Claims
P.O. Box 8504
Mason, OH 45040-7111

EXCLUSIONS & LIMITATIONS

This is a primary vision care benefit and is intended to cover only eye examinations and corrective eyewear. Covered materials that are lost or broken will be replaced only at normal service intervals indicated in the plan design; however, these materials and any items not covered below may be purchased at preferred pricing from Blue View Vision provider. In addition, benefits are payable only for expenses incurred while the group and insured person's coverage is in force.

EMPLOYEE DEDUCTIONS

Per Pay Period

COVERAGE LEVEL	VISION COST
Employee Only	\$0.82
Employee + Spouse	\$3.30
Employee + Child(ren)	\$2.97
Employee + Family	\$3.80



GROUP BASIC LIFE and AD&D INSURANCE

The death of a family member can mean that a family will not only find itself facing the loss of a loved one, but also the loss of financial security. With our Group Term Life Plan, an employee can achieve peace of mind by giving their family the security they can depend on.

POLICYHOLDER CONTRIBUTION

Douglas County pays 100% of the cost for your coverage.



ELIGIBILITY

All active full time employees

LIFE INSURANCE AMOUNT

1 times annual salary up to \$100,000

ACCIDENTAL DEATH & DISMEMBERMENT BENEFIT

Matches Basic Group Term Life Insurance Amount

Accidental Death and Dismemberment Insurance pays an additional benefit, called the Principal Sum, to the beneficiary if an employee's death is caused by an accident. The employee may also receive a portion of this benefit if an accident results in the loss of sight, a limb, certain digits, speech, hearing or paralysis.

Covered Loss	Basic AD&D	Covered Loss	Basic AD&D
Life	100%	Paralysis of Both Arms and Both Legs	100%
Hand	50%	Paralysis of Both Legs	50%
Foot	50%	Paralysis of the Arm & Leg on Either Side of the Body	50%
Arm	75%	Paralysis of One Arm or Leg	25%
Leg	75%	Brain Damage	100%
Sight of One Eye	50%	Coma	1% monthly up to 60 months
Combination of a Hand, Foot, and/or Eye	100%		
Thumb & Index Finger on the Same Hand	25%		
Speech and Hearing	100%		
Speech	50%		
Hearing	50%		

*Maximum Amount payable for all covered Losses sustained in one accident is capped at 100% of the Full Amount

PORTABILITY INCLUDED

Option to continue term insurance under a different policy when coverage terminates. Minimums, maximums, and other conditions apply.

FUNERAL DISCOUNTS and PLANNING SERVICES

As a MetLife group life policyholder, you and your family may have access to funeral discounts, planning and support to help honor a loved one's life - at no additional cost to you. Dignity Memorial provides you and your loved ones access to discounts of up to 10% off of funeral, cremation and cemetery services through the largest network of funeral homes and cemeteries in the United States.

When using a Dignity Memorial Network you have access to convenient planning services - either online at www.finalwishesplanning.com, by phone (1-866-853-0954), or by paper - to help make final wishes easier to manage.

VOLUNTARY FAMILY BASIC LIFE INSURANCE

Life Insurance Amount:

Spouse - \$5,000

Child(ren) - \$2,000

Dependent children are covered from age 6 months days to 26 years.

EMPLOYEE DEDUCTION - \$0.70 per pay period

Life Insurance Amount (that can be added at employee expense):

Employee: Increments of \$10,000 to a maximum of \$500,000.
Not to exceed three times annual base salary.

Spouse: Increments of \$5,000 to a maximum of \$250,000.

Child: \$10,000

Note: Spouse and Child Life amount cannot exceed 50% of employee's elected amount.

**Guaranteed Issue Amounts (Available at initial offering only)**

Employee: \$350,000

Spouse: \$ 50,000

Child: \$ 10,000

Accidental Death and Dismemberment (AD&D): Matches Life Amount

AD&D insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment (e.g., the loss of a hand, foot, or eye). In the event that death occurs from a covered accident, both the life and the AD&D benefit would be payable. The benefit amount is equal to the life amount elected by you. Cost included in the rates below.

Benefit Reduction Schedule:

Coverage amount does not reduce for any age

Accelerated Life Benefit (ALB):

If you have 12 months or less to live, up to 80% of coverage, a minimum of \$20,000 and up to a maximum of \$500,000.

Portability:

To continue coverage You must submit written application and the required amount of premium to MetLife within 31 days of the date coverage terminated under the policy. Failure to pay the required amount of premium to MetLife timely will terminate any coverage under the policy at the end of the period for which the premium has been received. MetLife reserves the right to charge an administrative fee to cover administrative expenses.

Conversion:

If Your coverage or a portion of it, terminates because You are no longer eligible for coverage under the policy You may apply for an individual life insurance conversion policy without evidence of insurability. The coverage amount of the individual life insurance conversion policy shall not exceed the amount of life insurance that ceases because of loss of eligibility for coverage under the policy minus the amount of any group life coverage for which You become eligible within 31 days of termination.

SUPPLEMENTAL TERM LIFE and AD&D INSURANCE

Employee - Available in \$10,000 increments to a maximum 3 x annual salary or \$500,000.

Spouse - Available in \$5,000 increments to a maximum of \$250,000 not to exceed 50% of employee coverage.

Rates for spousal life insurance are based on the spouse's age

Amounts in **red** are available for spouse only

DEDUCTIONS PER PAY PERIOD											
AGE	< 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75 +
\$5,000	\$0.20	\$0.22	\$0.29	\$0.42	\$0.67	\$1.06	\$1.71	\$2.19	\$3.42	\$5.98	\$9.90
\$10,000	\$0.40	\$0.44	\$0.57	\$0.84	\$1.34	\$2.12	\$3.42	\$4.38	\$6.83	\$11.95	\$19.80
\$15,000	\$0.60	\$0.66	\$0.86	\$1.25	\$2.01	\$3.18	\$5.12	\$6.58	\$10.25	\$17.93	\$29.70
\$20,000	\$0.79	\$0.89	\$1.14	\$1.67	\$2.68	\$4.25	\$6.83	\$8.77	\$13.66	\$23.91	\$39.60
\$25,000	\$0.99	\$1.11	\$1.43	\$2.09	\$3.35	\$5.31	\$8.54	\$10.96	\$17.08	\$29.88	\$49.50
\$30,000	\$1.19	\$1.33	\$1.72	\$2.51	\$4.02	\$6.37	\$10.25	\$13.15	\$20.49	\$35.86	\$59.40
\$35,000	\$1.39	\$1.55	\$2.00	\$2.92	\$4.68	\$7.43	\$11.95	\$15.35	\$23.91	\$41.84	\$69.30
\$40,000	\$1.59	\$1.77	\$2.29	\$3.34	\$5.35	\$8.49	\$13.66	\$17.54	\$27.32	\$47.82	\$79.20
\$45,000	\$1.79	\$1.99	\$2.58	\$3.76	\$6.02	\$9.55	\$15.37	\$19.73	\$30.74	\$53.79	\$89.10
\$50,000	\$1.98	\$2.22	\$2.86	\$4.18	\$6.69	\$10.62	\$17.08	\$21.92	\$34.15	\$59.77	\$99.00
\$55,000	\$2.18	\$2.44	\$3.15	\$4.59	\$7.36	\$11.68	\$18.78	\$24.12	\$37.57	\$65.75	\$108.90
\$60,000	\$2.38	\$2.66	\$3.43	\$5.01	\$8.03	\$12.74	\$20.49	\$26.31	\$40.98	\$71.72	\$118.80
\$65,000	\$2.58	\$2.88	\$3.72	\$5.43	\$8.70	\$13.80	\$22.20	\$28.50	\$44.40	\$77.70	\$128.70
\$70,000	\$2.78	\$3.10	\$4.01	\$5.85	\$9.37	\$14.86	\$23.91	\$30.69	\$47.82	\$83.68	\$138.60
\$75,000	\$2.98	\$3.32	\$4.29	\$6.27	\$10.04	\$15.92	\$25.62	\$32.88	\$51.23	\$89.65	\$148.50
\$80,000	\$3.18	\$3.54	\$4.58	\$6.68	\$10.71	\$16.98	\$27.32	\$35.08	\$54.65	\$95.63	\$158.40
\$85,000	\$3.37	\$3.77	\$4.86	\$7.10	\$11.38	\$18.05	\$29.03	\$37.27	\$58.06	\$101.61	\$168.30
\$90,000	\$3.57	\$3.99	\$5.15	\$7.52	\$12.05	\$19.11	\$30.74	\$39.46	\$61.48	\$107.58	\$178.20
\$95,000	\$3.77	\$4.21	\$5.44	\$7.94	\$12.72	\$20.17	\$32.45	\$41.65	\$64.89	\$113.56	\$188.10
\$100,000	\$3.97	\$4.43	\$5.72	\$8.35	\$13.38	\$21.23	\$34.15	\$43.85	\$68.31	\$119.54	\$198.00
\$105,000	\$4.17	\$4.65	\$6.01	\$8.77	\$14.05	\$22.29	\$35.86	\$46.04	\$71.72	\$125.52	\$207.90
\$110,000	\$4.37	\$4.87	\$6.30	\$9.19	\$14.72	\$23.35	\$37.57	\$48.23	\$75.14	\$131.49	\$217.80
\$115,000	\$4.56	\$5.10	\$6.58	\$9.61	\$15.39	\$24.42	\$39.28	\$50.42	\$78.55	\$137.47	\$227.70
\$120,000	\$4.76	\$5.32	\$6.87	\$10.02	\$16.06	\$25.48	\$40.98	\$52.62	\$81.97	\$143.45	\$237.60
\$125,000	\$4.96	\$5.54	\$7.15	\$10.44	\$16.73	\$26.54	\$42.69	\$54.81	\$85.38	\$149.42	\$247.50
\$130,000	\$5.16	\$5.76	\$7.44	\$10.86	\$17.40	\$27.60	\$44.40	\$57.00	\$88.80	\$155.40	\$257.40
\$140,000	\$5.56	\$6.20	\$8.01	\$11.70	\$18.74	\$29.72	\$47.82	\$61.38	\$95.63	\$167.35	\$277.20
\$150,000	\$5.95	\$6.65	\$8.58	\$12.53	\$20.08	\$31.85	\$51.23	\$65.77	\$102.46	\$179.31	\$297.00
\$160,000	\$6.35	\$7.09	\$9.16	\$13.37	\$21.42	\$33.97	\$54.65	\$70.15	\$109.29	\$191.26	\$316.80
\$170,000	\$6.75	\$7.53	\$9.73	\$14.20	\$22.75	\$36.09	\$58.06	\$74.54	\$116.12	\$203.22	\$336.60
\$180,000	\$7.14	\$7.98	\$10.30	\$15.04	\$24.09	\$38.22	\$61.48	\$78.92	\$122.95	\$215.17	\$356.40
\$190,000	\$7.54	\$8.42	\$10.87	\$15.87	\$25.43	\$40.34	\$64.89	\$83.31	\$129.78	\$227.12	\$376.20
\$200,000	\$7.94	\$8.86	\$11.45	\$16.71	\$26.77	\$42.46	\$68.31	\$87.69	\$136.62	\$239.08	\$396.00
\$250,000	\$9.92	\$11.08	\$14.31	\$20.88	\$33.46	\$53.08	\$85.38	\$109.62	\$170.77	\$298.85	\$495.00
\$300,000	\$11.91	\$13.29	\$17.17	\$25.06	\$40.15	\$63.69	\$102.46	\$131.54	\$204.92	\$358.62	\$594.00
\$350,000	\$13.89	\$15.51	\$20.03	\$29.24	\$46.85	\$74.31	\$119.54	\$153.46	\$239.08	\$418.38	\$693.00
\$400,000	\$15.88	\$17.72	\$22.89	\$33.42	\$53.54	\$84.92	\$136.62	\$175.38	\$273.23	\$478.15	\$792.00
Dependent Child(ren) Benefit											
\$10,000 Life Insurance Per Pay Period Cost = \$0.93 Covers all dependent children											

VOLUNTARY SHORT TERM DISABILITY



Below is a brief description of the Voluntary Short-Term Disability insurance coverage underwritten by OneAmerica. The summary highlights some of the features of the Policy, but it is not intended to be a detailed description of coverage. The certificates will contain more detailed information, including the full text of the definitions, exclusions, limitations, reductions and terminating events that apply to the Policy. Only the Master Policy contains all the controlling terms and provisions of coverage.



ELIGIBILITY

All active full time employees

SHORT TERM DISABILITY (STD)

STD insurance is designed to pay you a percentage of your salary or regular earnings if you are absent from work due to an off the job accident or illness. As an eligible employee you are offered two Short Term Disability Plans; you may only enroll in one plan.

Plan 1: 15 day elimination period

Plan 2: 30 day elimination period

PRE-EXISTING CONDITION

Pre-existing condition means any condition for which a Person has done, or for which an ordinarily prudent Person would ordinarily have done any of the following at any time during the 3 months immediately prior to the Person's Individual Effective Date of Insurance, whether or not that condition was diagnosed at all or was misdiagnosed during that period of time: 1) received medical treatment or consultation; 2) taken or were prescribed drugs or medicine; or 3) received care or services, including diagnostic measures.

PORTABILITY

You may be able to port your coverage if you have been covered under the policy for 12 months and terminate due to reasons other than disability, retirement, or leave of absence. A written application for Portability must be made within 31 calendar days after termination of insurance under the Group Policy.

COMPARISON	PLAN 1	PLAN 2
Benefits:	60% of Weekly Earnings	60% of Weekly Earnings
Maximum Benefit:	\$1,500 Weekly	\$1,500 Weekly
Day Injury Benefit Commences:	16th Day	31st Day
Day Sickness Benefit Commences:	16th Day	31st Day
Maximum Benefit Period:	24 Weeks	22 Weeks
Maternity Coverage:	Same as Any Other Disability Non-Occupational	Same as Any Other Disability Non-Occupational
Coverage Basis:	When Current Income Exceeds 100% of Normal Earnings	When Current Income Exceeds 100% of Normal Earnings
Offset Salary Continuation/Sick Leave:		

CALCULATE YOUR INDIVIDUAL PREMIUM: To calculate your per-paycheck cost for this coverage, complete the calculations below using the rate table below. If your weekly benefit exceeds \$1,500 use \$1,500 for the below calculations.

$$\frac{\text{Basic Annual Earnings}}{\div 52} = \text{Weekly Salary} \times \frac{60\%}{\text{Benefit \%}} = \text{Your Weekly Benefit}$$

$$\frac{\text{Your Weekly Benefit}}{\div 10} = \text{Your Rate} \times \text{Your Monthly Cost}$$

(see table below)

$$\frac{\text{Your Monthly Cost} \times 12}{\div \text{\# Paychecks per Year}} = \text{Cost per Paycheck*}$$

PLAN 1 MONTHLY RATES		PLAN 2 MONTHLY RATES	
< 34	\$0.45	< 34	\$0.28
35 - 44	\$0.385	35 - 44	\$0.24
45 - 49	\$0.52	45 - 49	\$0.35
50 - 54	\$0.60	50 - 54	\$0.42
55 - 59	\$0.80	55 - 59	\$0.61
60 +	\$0.94	60 +	\$0.68

*Final Cost may vary slightly due to rounding.

Below is a brief description of the Douglas County group long-term disability insurance coverage underwritten by **OneAmerica**. This summary highlights some of the features of the group policy, but it is not intended to be a detailed description of coverage. Certificates, which will be provided at a later date, will contain more detailed information, including the full text of the definitions, exclusions, limitations, reductions and terminating events that apply to the group policy. Only the master policy contains all the controlling terms and provisions of coverage.



Long Term Disability insurance is designed to protect an employee from losing his/her ability to earn a living due to long-term or permanent work loss caused by an off the job accident or illness. **Douglas County pays 100% of the cost for your coverage.**

All Full Time Active Employees

Plan replaces **60%** of your monthly Earnings, reduced by deductible income to a **\$6,000** Maximum Monthly Benefit.

Benefit Elimination Period

Elimination Period means a period of consecutive days of Disability for which no benefit is payable. The Elimination Period is **180 days** and begins on the first day of Disability.

Benefit Duration - Reducing Benefit Duration

Age When Total Disability Begins

Maximum Duration

Greater of: Social Security Full Retirement Age or

Less Than Age 60

To Age 65

60

5 Years

61

4 Years

62

3.5 Years

63

3 Years

64

2.5 Years

65

2 Years

66

21 Months

67

18 Months

68

15 Months

69 and over

12 Months

24 Month Own Occupation (Definition of Disability)

During the first 24 months, you are considered disabled if you are unable to perform the material duties of your own occupation *and* you are unable to earn at least 80% of your pre-disability earnings. After the 24-month period, you are considered disabled if you are unable to perform the material duties of Any Occupation for which you are reasonably fitted by education; training or experience *and* you are unable to earn at least 60% of your pre-disability earnings.

Three Month Survivor Benefit

AUL will pay a lump sum benefit to the Eligible Survivor when proof acceptable to AUL is received that the Person died after disability had continued for 180 or more consecutive days; and while a Person was receiving a Monthly Benefit

Pre-Existing Condition Limitation

Benefits will not be paid if the Person's Disability begins in the first 12 months, following the effective date of the Person's coverage; and the Person's Disability is caused by, contributed to by, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which the Person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed drugs or medicines in the twelve (12) months just prior to the Person's Individual Effective Date of Insurance.

Do you know how much a trip to the emergency room could cost you?

An accident insurance plan provides benefits to help cover the costs associated with unexpected bills. You don't budget for accidents if you're like most people. When a covered accident occurs, the last thing on your mind is the charges that may be accumulating while you're at the emergency room, including:

- The ambulance ride
- Wheelchairs
- Use of the emergency room
- Crutches
- Surgery and anesthesia
- Bandages
- Stitches
- Casts

You get the picture. These costs add up – fast. You hope they never happen, but at some point you may take a trip to your local emergency room. If that comes, wouldn't it be nice to have an insurance plan that pays benefits regardless of any other insurance you have? This group accident plan does just that. Below is a brief description of the group accident insurance, detailed brochures are available upon request.

PLAN FEATURES 24-Hour coverage. No limit on the number of claims. Supplements and pays regardless of any other insurance programs.		Benefits available for spouse and/or dependent children. Benefits for both inpatient and outpatient treatment of covered accidents. Guaranteed Issue – No underwriting required to qualify for coverage.	
PLAN BENEFITS			
ACCIDENTAL DEATH AND DISMEMBERMENT		MAJOR INJURIES	
Accidental Common Carrier Death (Plane, Train, Boat or Ship)	\$100,000	Fractures (closed reduction*)	
Accidental Death	\$50,000	Hip/Thigh	\$4,000
Double Dismemberment	\$25,000	Vertebrae (except processes)	\$3,600
Single Dismemberment	\$12,500	Pelvis	\$3,200
Loss of One or More Fingers or Toes	\$1,250	Skull (depressed)	\$3,000
Partial Amputation of Fingers or toes (including at least one joint)	\$100	Leg	\$2,400
		Forearm/Hand/Wrist	\$2,000
HOSPITAL BENEFITS		Shoulder blade/Collar bone	\$1,600
Paralysis (Quadriplegia)	\$10,000	Lower Jaw (Mandible)	\$1,600
Hospital Admission	\$1,000	Skull (Simple)	\$1,400
Hospital Intensive Care (per day)	\$400	Upper Arm/Upper Jaw	\$1,400
Hospital Confinement (per day)	\$200	Facial bones (except teeth)	\$1,200
Medical Fees	\$125	Vertebral Processes	\$800
SPECIFIC INJURIES		Coccyx/Rib/Finger/Toe	\$320
Burns	\$100-\$20,000	Complete Dislocations (closed reduction*)	
Lacerations	\$25-\$400	Hip	\$3,000
Ruptured Disc	\$100-\$400	Knee (not knee cap)	\$1,950
Tendons/Ligaments	\$400-\$600	Shoulder	\$1,500
Torn Knee Cartilage	\$100-\$400	Foot/Ankle	\$1,200
Eye Injuries	\$50-\$250	Hand	\$1,050
Coma (lasting 30 days or more)	\$10,000	Lower Jaw	\$900
Concussion	\$200	Wrist	\$750
Emergency Dental Work	\$50-\$150	Elbow	\$600
ADDITIONAL BENEFITS		Finger/Toe	\$240
Internal Injuries	\$1,000	* If Fracture/Dislocation requires open reduction benefit will be double the amount shown.	
Air Ambulance	\$1,000		
Prosthesis	\$500		
Transportation	\$150-\$300		
Exploratory Surgery	\$250		
Ambulance	\$200		
Blood/Plasma	\$100		
Appliances	\$100		
Family Lodging Benefit	\$100		
Wellness Benefit (after 12 month waiting period)	\$50		
Accident Follow-up Treatment	\$30		
Physical Therapy	\$30		

EMPLOYEE DEDUCTIONS

Per Pay Period

MEMBERS COVERED	COST
Employee Only	\$ 9.07
Employee + Spouse	\$13.60
Employee + Child(ren)	\$15.90
Employee + Family	\$20.43

Critical Illness Insurance pays benefits if an insured person is diagnosed with one of the specified critical illness if: 1) The date of diagnosis is after the waiting period; and 2) the date of diagnosis is while this policy and is in force; and 3) you are confined to a hospital as a result of the specified critical illness and charged for room, board and other applicable charges; and 4) it is not excluded by name or specific description in the policy.

PLAN BENEFITS

FIRST OCCURRENCE BENEFIT After the waiting period, a lump sum benefit is payable upon initial diagnosis of a covered critical illness. Employee benefit amounts available from \$5,000 to \$50,000. Spouse coverage is also available in benefit amounts up to \$25,000. If you are deemed ineligible due to a previous medical condition you still retain the ability to purchase spouse coverage.

ADDITIONAL OCCURRENCE BENEFIT If an insured collects full benefits for a critical illness under the plan and later has one of the remaining covered critical illnesses. Occurrences must be separated by at least 6 months.

RE-OCCURRENCE BENEFIT If an insured collects full benefits for a covered condition and is later diagnosed with the same condition, we will pay the full benefit again. The two dates of diagnosis must be separated by at least 12 months or for cancer, 12 months treatment free. Cancer that has spread (metastasized) even though there is a new tumor, will not be considered an additional occurrence unless the insured has gone treatment free for 12 months

50% CHILD COVERAGE AT NO ADDITIONAL COST Each dependent child is covered at 50 percent of the primary insured amount at no additional charge.

\$50 HEALTH SCREENING BENEFIT (EMPLOYEE AND SPOUSE) After the 30 day waiting period, an insured may receive a maximum of \$50 for any one covered health screening test per calendar year. We will pay this benefit regardless of the results of the test. Payment of this benefit will not reduce the critical illness benefit payable under your certificate. There is no limit to the number of years the insured can receive the health screening benefit; it will be paid as long as the certificate remains in force. This benefit is payable for the covered Employee and Spouse. This benefit is not paid for dependent children.

Covered health screening test include: mammography, colonoscopy, pap smear, breast ultrasound, chest x-ray, PSA (blood test for prostate cancer), stress test on a bicycle or treadmill, and bone marrow testing, CA 15-3 (blood test for breast cancer), CA 125 (blood test for ovarian cancer), CEA (blood test for colon cancer), Flexible sigmoidoscopy, Hemocult stool analysis, Serum protein electrophoresis (blood test for myeloma), Thermography, Fasting blood glucose test, Serum cholesterol test to determine level of HDL and LDL.

PRE-EXISTING CONDITION LIMITATION means a sickness or physical condition which, within the 12-month period prior to the effective date, resulted in the insured receiving medical advice or treatment. We will not pay benefits for any critical illness starting within 12 months of the effective date which is caused by, contributed to, or resulting from a pre-existing condition. A claim for benefits for loss starting after 12 months from the effective date will not be reduced or denied on the grounds that it is caused by a pre-existing condition. A critical illness will no longer be considered pre-existing at the end of 12 consecutive months starting and ending after the effective date.

COVERED SPECIFIC CRITICAL ILLNESSES:

Cancer (Internal/Invasive)	100%
Heart Attack (Myocardial Infarction)	100%
Stroke (Apoplexy or Cerebral Vascular Accident)	100%
Major Organ Transplant	100%
Renal Failure (End Stage)	100%
Carcinoma In Situ	25%
Coronary Artery Bypass Surgery	25%

NOTE: If a benefit is paid for carcinoma in situ, the internal cancer benefit will be reduced by 25%. If a benefit is paid for coronary artery bypass surgery, the heart attack benefit will be reduced by 25%. All covered conditions are subject to the definitions found in your certificate.

EMPLOYEE DEDUCTIONS

Per Pay Period

Employee Rates

Ages	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
17-29	\$1.81	\$2.80	\$3.79	\$4.78	\$5.78	\$6.77	\$7.76	\$8.75	\$9.75	\$10.74
30-39	\$2.66	\$4.50	\$6.35	\$8.20	\$10.04	\$11.89	\$13.74	\$15.58	\$17.43	\$19.27
40-49	\$4.87	\$8.94	\$13.00	\$17.06	\$21.12	\$25.18	\$29.24	\$33.30	\$37.37	\$41.43
50-59	\$8.01	\$15.21	\$22.41	\$29.61	\$36.81	\$44.01	\$51.21	\$58.41	\$65.61	\$72.81
60-69	\$12.35	\$23.89	\$35.43	\$46.97	\$58.50	\$70.04	\$81.58	\$93.12	\$104.66	\$116.20

Spouse Rates (based on age of spouse)

Ages	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000	\$17,500	\$20,000	\$22,500	\$25,000
17-29	\$1.81	\$2.30	\$2.80	\$3.30	\$3.79	\$4.28	\$4.78	\$5.28	\$5.78
30-39	\$2.66	\$3.58	\$4.50	\$5.43	\$6.35	\$7.27	\$8.20	\$9.12	\$10.04
40-49	\$4.87	\$6.90	\$8.94	\$10.97	\$13.00	\$15.03	\$17.06	\$19.09	\$21.12
50-59	\$8.01	\$11.61	\$15.21	\$18.81	\$22.41	\$26.01	\$29.61	\$33.21	\$36.81
60-69	\$12.35	\$18.12	\$23.89	\$29.66	\$35.43	\$41.20	\$46.97	\$52.74	\$58.50

WHAT IS A FLEXIBLE SPENDING ACCOUNT (FSA)

Through a Flexible Spending Account (FSA), you are able to set aside money, before it is taxed in order to pay for eligible out-of-pocket costs for dependent and medical care expenses. **You may enroll in the flexible spending account only during the open enrollment period.**

HEALTHCARE FLEXIBLE SPENDING ACCOUNT

Set aside money in a healthcare Flexible Spending Account for medical, dental and vision expenses incurred by you, your spouse and your dependents. Eligible expenses include deductibles, co-payments, prescription drugs, x-rays and lab.

INTERNAL REVENUE SERVICE RESTRICTIONS:

- Participant cannot receive payment from any other source for reimbursement amounts requested – the participant must certify expenses are not reimbursable under any other coverage.
- Participant cannot claim reimbursed expenses for the purpose of income tax.
- Claims cannot be reimbursed until the service is rendered (regardless of when payment is made).
- Cosmetic Procedures are not eligible (i.e. teeth bleaching, weight reduction, hair loss, face lift, etc).
- Remaining balances, after all reimbursements for plan year have been processed, will be forfeited.
- You can change your election once a year during the open enrollment period.

IMPORTANT RULES

The government imposes these restrictions on Flexible Spending Accounts to give you pre-tax advantages:

- **You will be allowed to carry over up to \$610 of your account balance into the next plan year however; you must re-enroll next year to have access to the roll-over amount.** The IRS requires that any unused portion of your account balance above \$610 remaining at the end of the year is forfeited.
- The run out period after the end of the plan year to submit all expenses incurred during the preceding year is decided by your employer. **All claims must be submitted for reimbursement by March 31, 2023.**
- If you were enrolled in an FSA and would like to continue that election, you must re-enroll every year. Be sure to retain documentation from the provider should substantiation of your claim be required.

THE DEBIT CARD

The debit card provides a way to immediately access the funds in your Flexible Spending Account. The card may be used at eligible merchants to pay for eligible expenses under your FSA. Remember, IRS regulations strictly govern the use of these cards, and YOU are solely liable for its use.

EXAMPLE OF ELIGIBLE EXPENSES (Detailed list included in brochure)

Acupuncture	Drugs and Medicines	Stop-Smoking Programs	Allergy Prevention / Treatment
Bandages	Hearing Aids	Surgery	Antihistamines
Birth Control Pills	Hospital Services	X-ray	Asthma Medicines
Chiropractor	Laboratory Fees	Dental Expenses	Diabetic Supplies
Diagnostic Services	Psychologist	Eye Care Expenses	First Aid Supplies

EXAMPLE OF INELIGIBLE EXPENSES (Detailed list included in brochure)

Babysitting, Childcare	Electrolysis	Maternity Clothes	Baby Products
Cosmetic Surgery	Funeral Expenses	Nutritional Supplements	Cosmetic Products
Diaper Services	Hair Transplant	Teeth Whitening	Vitamins

OVER THE COUNTER MEDICATIONS

Over The Counter (OTC) medications are not an eligible expense unless prescribed.

FSA Elections are from January 1, 2023 – December 31, 2023

Minimum Contribution: \$250 Annually* (\$9.62 – 26 deductions per year)

Maximum Contribution: \$3,050 Annually* (\$117.31 - 26 deductions per year)

*You are allowed to carry over up to \$610 of your account balance into the next plan year.

ELIGIBLE EMPLOYEES

Full-time employees are eligible following 30 days of full-time employment and may enroll only during the open enrollment period.

A TAX BREAK ON DEPENDENT CARE EXPENSES

Any employee with young children in daycare knows that a sizable amount of the family's take-home pay is earmarked for this expense. The same is true for those who must provide daycare for a disabled spouse or parent. Because we're aware this financial burden on employees, we're pleased to present some good news for employees with dependents in day-care. The good news is that now there's a way to get a tax break on your daycare expenses - the dependent care flexible spending account. When you sign up for a flexible spending account, you're taking advantage of an IRS-approved way of handling dependent daycare expenses - a way that lets you pay for them with tax-free dollars.

HERE'S HOW IT WORKS

- First, you estimate how much money you'll spend in the coming year for eligible dependent care expenses. These are expenses you incur for care of your dependents during your working hours.
- Once you've calculated the yearly amount, the flexible spending account allows you to set aside a portion of it from your salary each payday.
- The amount you allocate to your flexible spending account is taken out of your pay before your taxes are calculated and withheld. This means that the part of your pay that goes to your flexible spending account is tax-free.
- When you pay for eligible dependent care expenses during the year, you get reimbursed for them with the money you've set aside in your flexible spending account. Since that money was set aside on a tax-free basis, you've saved the tax dollars you would have paid on earnings spent for dependent care expenses.

TAX LAWS

Because of the tax advantages of the dependent care FSA, there are rules and regulations about:

- the amount you are allowed to contribute to your FSA;
- the types of expenses eligible for reimbursement;
- taking a dependent care tax credit on your personal tax return if you are contributing to an FSA; and
- when you are allowed to cancel or change the amount you are contributing to your FSA each payday

ELIGIBLE EXPENSES

Your dependent care FSA can be used for expenses for dependent care which allows you to work. If you are married, your spouse must be:

- employed also; or
- a full-time student for at least 5 months during the year; or
- disabled and unable to provide his or her own care.

The care must be for your:

- dependent children under age 13;
- disabled children;
- disabled spouse who is incapable of self-care; or
- disabled dependent parent(s) who is incapable of self-care.

Dependent care may be provided by:

- a nursery school;
- a private kindergarten if the child's education is merely incidental to the care provided;
- a daycare center; or
- an individual who is not one of your dependents

Important Note:

You can only be reimbursed **up to the amount you've contributed to the plan.** In other words, if you submit claims totaling \$1,000, but have only contributed \$500 via payroll deductions, we can only reimburse \$500. In this case, we will maintain the additional \$500 due, and will automatically reimburse you as payroll deductions are made. Your FSA can only be used to reimburse expenses incurred **during our FSA plan year.** The plan year runs January 1, 2023 through December 31, 2023. All claims must be filed by March 31, 2023 for reimbursement.

You should **estimate your expenses carefully**, so that your FSA amount will cover most of your expenses, but will not exceed your total eligible expenses. The IRS regulations governing FSAs do not allow us to return unused amounts to you at the end of the plan year.

ACCOUNT CONTRIBUTION LIMITS

Whether you use your FSA alone or in combination with a tax credit, the maximum amount of dependent care expenses you are allowed to consider in total is limited to:

- **\$5,000** if you are single or if you are married and file a joint tax return.
- **\$2,500** per parent who is eligible to participate in an FSA, if you are married and file separate tax returns.

If you are married, your FSA contribution is limited to the lower of the annual income of you or your spouse, up to the maximums shown above.

Douglas County offers two (2) plans for retirement income:

- (1) The Defined Benefit pension plan pays a monthly lifetime benefit based on a benefit formula of 2.5% of pay for each year of service. It requires that all full-time employees make a pre-tax contribution of 5% of regular base pay. The plan offers Normal Retirement at age 65, an Unreduced Early Retirement at age 55 with 80 points (age + years of service) and a Reduced Early Retirement at age 55 with a minimum 10 years of service.

AND

- (2) The 457(b) Retirement savings plan offers employees a vehicle to save additional money towards retirement. Employees may make pre or post tax contributions to the plan. The plan offers several investment options for various risk tolerances. The funds are available for withdrawal at separation of service.

Additional information on each of these plans is available by contacting our Regional Client Manager Paul Bates at 770-283-7545 or pbates@accg.org. You may also visit ACCG Retirement Services website at: www.accgretirement.com



191 Peachtree Street
Suite 700
Atlanta, GA 30303
p 770.952.5225
t 800.736.7166
f 770.563.9356

accgretirement.com

Retirement Services.



Trustmark Universal LifeEvents® Insurance with Long-Term Care Benefit

Two important coverages for when you need them the most.

Financial security even after a loss

Protecting your loved ones is one of life's greatest responsibilities. When a family loses someone, in addition to grief, survivors may suddenly be faced with costly expenses and debts, and even a loss of income.

Universal LifeEvents can help.

Universal LifeEvents provides a **higher death benefit during your working years**, when your needs and responsibilities are the greatest. (See reverse for more on how Universal LifeEvents works.) You can choose a plan and benefit amount that provides the **right protection for you**.

Universal LifeEvents insurance can mean those left behind are still able to pursue their own dreams, and help ensure that the **ending** of one story won't stop the **beginning** of another.



Universal LifeEvents sample rates

Sample rates (26 payments/year) for employee-only, non-smoker coverage with long-term care benefit.

Age at purchase	\$25,000 Universal LifeEvents policy
30	\$7.37
40	\$10.93
50	\$17.52

Sample rates are shown for illustrative purposes only. Rates may vary by age, smoking status, state, employer and features selected by you and/or by your employer. An application for insurance must be completed to obtain coverage.

Note: your rate is "locked in" at your age at purchase!

Once you have a policy, your rate will never increase due to age.

Solving the long-term care issue

At any point in your life, you may need long-term care services, which could cost hundreds of dollars per day. Universal LifeEvents includes a **long-term care (LTC)** benefit that can help pay for these services at any age. This benefit **remains at the same** level throughout your life, so the full amount is always available when you most need it.

Here's how it works:

4%

You can **collect 4% of your Universal LifeEvents death benefit per month** for up to 25 months to help pay for long-term care services.

Flexible features available:

2x

PLUS: if you collect a benefit for LTC, your **full death benefit** is still available for your beneficiaries, as much as **doubling** your benefit.

3x

PLUS: you can collect your LTC benefit for an **extra 25 months**, as much as **tripling** your benefit.

The LTC Benefit is an acceleration of the death benefit and is not Long-Term Care Insurance (except in LA and VA, where the LTC benefit is Long-Term Care Insurance). It begins to pay after 90 days of confinement or services, and to qualify you must meet conditions of eligibility for benefits. The LTC benefits provided by this policy may not cover all of the policyholder's LTC expenses. Pre-existing condition limitation may apply. Your policy will contain complete details. You should consult a financial advisor to determine if the long-term care benefits and the retirement benefits provided by this policy are right for you.



Universal LifeEvents is **flexible permanent** life insurance designed to last a lifetime.



The younger you are when you enroll, the **more benefit** you receive for the same premium.



No medical exams or blood work – just answer a few simple questions.



What would happen if you weren't around?



1 in 3 households would have immediate trouble paying for living expenses if they lost their primary earner.¹



40% of Americans live paycheck to paycheck. Could your family afford to stay in your home?²



56% of Americans have less than \$10,000 saved for retirement – **1 in 3** have \$0 saved. Wouldn't it be nice to have some protection?³

How Universal LifeEvents works

- A **higher death benefit** during working years.
- **Long-term care (LTC)** benefits that **stay the same** throughout your life.

Example: \$25,000 policy

Before age 70

Death benefit **\$25,000**

LTC benefits **\$25,000**

After age 70

Death benefit **\$8,333**

LTC benefits **\$25,000**

Death benefit reduces to one-third at the latter of age 70 or the 15th policy anniversary.

Benefit for terminal illness

- **Use part of your death benefit** to help manage costs if you're diagnosed with a terminal illness.

Additional advantages

- **Keep your coverage** at the same price and benefits if you change jobs or retire.
- **Apply for coverage for family members:** spouse, children and grandchildren.
- **Convenient payroll deduction;** pay via direct bill, bank draft or credit card if you leave your employer.

**You care.
We listen.**

¹2018 Insurance Barometer Study LIMRA/Life Happens. ²[nielsen.com/us/en/insights/news/2015/savingspending-and-living-paycheck-to-paycheck-in-america.html](https://www.nielsen.com/us/en/insights/news/2015/savingspending-and-living-paycheck-to-paycheck-in-america.html). ³[gobankingrates.com/retirement/1-3-americans-0-saved-retirement](https://www.gobankingrates.com/retirement/1-3-americans-0-saved-retirement). ⁵An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).

This provides a brief description of your benefits under GUL.205/IUL.205 and applicable riders HH/LTC.205, BRR.205, BXR.205, ABR.205, ADB.205, CT.205 and WP.205. Benefits, definitions, exclusions, form numbers and limitations may vary by state. This policy contains a provision that guarantees against lapse for a period of 10 years (14 years in OR; 15 years for Universal LifeEvents) as long as premiums are paid as planned. If you make changes to your coverage during this period, or pay only the minimum premium, you may prevent cash value accumulation or reduce your death benefit amount. If there is negative cash value at the end of the no-lapse period, you must pay enough premium to establish positive cash value. You may also need to maintain your policy with a higher premium than the one you paid to satisfy the no-lapse guarantee or coverage may expire prior to age 100 even if the premium shown is paid as scheduled. A policy illustration will be delivered with your policy. Your policy will contain complete information. For costs and further details of the coverage, including exclusions, any reductions or limitations and terms under which the policy may be continued in force, see your agent or write to the company. For exclusions and limitations that may apply, visit www.trustmarksolutions.com/disclosures/UL/ (A112-2216-UL). In California, review "A Consumer's Guide to Long-term Care from the Department of Aging" at: http://www.aging.ca.gov/aboutcdca/publications/Taking_Care_of_Tomorrow_English/. Underwriting conditions may vary, and determine eligibility for the offer of insurance. Trustmark® and LifeEvents® are registered trademarks of Trustmark Insurance Company.

Products underwritten by Trustmark Insurance Company
Rated A- (Excellent) for financial strength by A.M. Best.⁵

TrustmarkVB.com   


Trustmark
benefits beyond benefits



Have You Ever

- ☐ Needed your Will prepared or updated?
- ☐ Signed a contract?
- ☐ Received a moving traffic violation?
- ☐ Worried about being a victim of identity theft?
- ☐ Been concerned about your child's identity?
- ☐ Lost your wallet?

The LegalShield Membership Includes:

- **Dedicated Law Firm** Direct access, no call center
- **Legal Advice/Consultation** on unlimited personal issues
- **Letters/Calls** made on your behalf
- **Contracts/Documents Reviewed** up to 15 pages each
- **Residential Loan Document Assistance** for the purchase of your primary residence
- **Will Preparation** - Living Will, Health Care Power of Attorney, Financial Power of Attorney
- **Speeding Ticket Assistance** Upload your speeding ticket from the mobile app directly to law firm
- **IRS Audit Assistance** (begins with the tax return due April 15th of the year you enroll)
- **Trial Defense** (if named defendant/respondent in a covered civil action suit)
- **Uncontested Divorce, Separation, Adoption and/or Name Change Representation** (available 90 days after enrollment)
- **25% Preferred Member Discount** (bankruptcy, criminal charges, DUI, personal injury, etc.)
- **24/7 Emergency Access** for covered situations

The IDShield Membership Includes:

- **1B 1 Bureau Credit Monitoring** from TransUnion with activity alerts
- **High Risk Application and Transaction Monitoring** detects fraud up to 90 days earlier than traditional credit monitoring services. We carefully watch your accounts, reorders, loans and more. If a new account is opened, you will receive an alert
- **Social Media Monitoring** for privacy and reputational risks
- **Credit Inquiry Alerts** when your Personally Identifiable Information (PII) is used to apply for bank/credit cards, utilities or rentals, and many other types of loans
- **Consultation** on any cyber security question
- **\$1 Million Protection Policy** coverage for lost wages, legal defense fees, stolen funds and more
- **Unlimited Service Guarantee** ensures that we won't give up until your identity is restored!
- **Identity Restoration** performed by Licensed Private Investigators to restore your identity to its pre-theft status.
- **24/7 Emergency Access** in the event of an identity theft emergency



Put your law firm and identity theft protection in the palm of your hand with the LegalShield & IDShield Plus mobile apps

Plan	Family Price	Individual Price
LegalShield		
IDShield		
Combined		

Prepared for:

For more information, contact your Independent Associate:

LegalShield legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under the age 18 for whom the member is the legal guardian; never married dependent children up to age 26 if a full-time college student; or physically or mentally disabled dependent children.

IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield ("LegalShield"). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see www.idshield.com. IDShield plans are available at individual or family rates. A family rate covers the named member, named member's spouse and up to 10 dependent children under the age of 18. It also provides consultation and restoration services for dependent children ages 18 to 26. All Licensed Private Investigators are licensed in the state of Oklahoma. A \$1 million protection policy is issued through a nationally recognized carrier. LegalShield/IDShield is not an insurance carrier. Certain limitations apply. Dependent children of the named member or named member's spouse under the age of 23 who permanently live in the same residence as the named member at the time of the stolen identity event are eligible for the protection policy coverage. For a summary description of benefits for the personal identity coverage see <https://idshield.cloud/summary-of-benefits>.

G FLIER_LS+IDS_1B_USA_061719

Employee Assistance Program

Douglas County

Anthem[®]EAP

Available 24/7, 365 days a year
Everything you share is confidential*

Life can be full of challenges. Your Employee Assistance Program (EAP) is here to help you and your household members. EAP offers a wide range of **no-cost** support services and resources, including:



Counseling

- Up to 4 visits per issue
- In-person or online visits
- Call EAP or use the online Member Center to initiate services



Legal consultation

- 30-minute phone or in-person meeting
- Discounted fees to retain a lawyer
- Free legal resources, forms, and seminars online



Financial consultation

- Phone meeting with financial professionals
- Regular business hours; no appointment required
- Free financial resources and budgeting tools online



ID recovery

- Help reporting to consumer credit agencies
- Assistance with paperwork and creditor negotiations



Emotional Well-being Resources

- Digital tools to improve emotional well-being
- Team up with an experienced clinical coach
- Practice mindfulness on the go



Dependent care and daily living resources

- Online information about child care, adoption, elder care, and assisted living
- Phone consultation with a work-life specialist
- Help with pet sitting, moving, and other common needs



Other anthemEAP.com resources

- Well-being articles, podcasts, and monthly webinars
- Self-assessment tools for emotional health issues



Crisis consultation

- Toll-free emergency number; 24/7 support
- Online critical event support during crises

We are ready to support you

You can call us at **800-865-1044** or go to **anthemEAP.com** and enter your company code: **Douglas County**

When something unexpected happens, EAP can help you figure out your next steps. Contact us today.

* In accordance with federal and state law, and professional ethical standards.

This document is for general informational purposes. Check with your employer for specific information on the services available to you.

Language Access Services – (TTY/TDD: 711)

Spanish – Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda.

Chinese – 您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。

Complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

EAP products are offered by Anthem Life Insurance Company. In New York, Anthem EAP products are offered by Anthem Life & Disability Insurance Company. In California, Anthem EAP products are offered by Blue Cross of California using the trade name Anthem Blue Cross. Anthem is a registered trademark. Use of the Anthem EAP website constitutes your agreement with our Terms of Use.

108413MUMENEAP VPOD BV Rev. 12/20

62852105-140425478



CONTINUATION COVERAGE RIGHTS UNDER COBRA

DOUGLAS COUNTY HEALTH PLAN

Introduction

You are receiving this notice because you have recently become eligible for the Douglas County health plan. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to receive it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage.

For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child"

When is COBRA Continuation Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events ([divorce](#) or [legal separation](#) of the employee and spouse or a [dependent child's losing eligibility for coverage](#) as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice in writing to: **Human Resources, Douglas County, 8700 Hospital Drive Douglasville, GA 30134.**

CONTINUATION COVERAGE RIGHTS UNDER COBRA

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Information about the plan and COBRA continuation coverage can be obtained on request from:

Douglas County
Human Resources
8700 Hospital Drive
Douglasville, GA 30134
Phone: 770-920-7267

Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

GEORGIA - Medicaid
Website: http://dch.georgia.gov/ Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507

HIPAA Notice of Privacy Practices

For employers who have enacted HIPAA Privacy Policies and Procedures, including those who receive Protected Health Information (PHI) and those who sponsor an FSA or HRA, an initial Notice of Privacy Practices was to have been provided to all plan participants at the adoption of the Policies and Procedures. Additionally, the notice must be given to new enrollees in the plan and the participants must be made aware of the availability of and how to obtain the Notice of Privacy Practices at least once every three years.

ELECTIONS AND COSTS

Type of Benefit	Benefit Plan	Coverage Level / Coverage Amount	Deduction Amount
Medical			
Dental			
Vision			
Basic Group Term Life and AD&D Insurance	Enrolled		\$0.00
Basic Family Life Insurance			
Supplemental Life and AD&D Insurance			
Spousal Life Insurance			
Dependent Life Insurance			
Short Term Disability			
Group Long Term Disability	Enrolled		\$0.00
Accident Insurance			
Critical Illness Insurance			
Flexible Spending Account			
Dependent Care Account			
Retirement/Pension Plan			
Universal Life Insurance			
Legal Assistance			
Employee Assistance Program	Enrolled		\$0.00
Total Per Pay Cost:			
Total Annual Cost:			

NOTES

NOTES

[illegible]

IMPORTANT CONTACT INFORMATION

DOUGLAS COUNTY

Human Resources

Tel: 770-920-7267

ehogan@douglascountyga.gov

MEDICAL / DENTAL / VISION PLANS

Anthem BlueCross and BlueShield

Medical Customer Service

Tel: 844-274-5201

Mental Health/Substance Abuse

Tel: 800-292-2879

Anthem COBRA Department

Tel: 866-800-2272

Dental Customer Service

Tel: 877-330-5973

Vision Customer Service

Tel: 866-723-0515

www.anthem.com

PHARMACY BENEFIT MANAGER

VeracityRx

Tel: 888-388-8228

www.veracity-rx.com

DISABILITY INSURANCE

One America

Tel: 866-258-8744

www.oneamerica.com

LIFE INSURANCE

MetLife

Tel: 800-638-5000

www.metlife.com

MSI BENEFITS GROUP, INC.

Administrative Contact

Tel: 770-425-1231

Fax: 770-425-4722

helpme@msibg.com

You may view copies of all certificates of coverage / plan documents by following the below instructions:

Go to www.msibg.com and click on “Client Portal” at the top right of your screen

Username: **douglasEE**

Password: **Benefits123**

ACCIDENT / CRITICAL ILLNESS

Aflac Group

Tel: 800-433-3036

www.aflacgroup.com

FLEXIBLE SPENDING ACCOUNT (FSA)

ActWise

Tel: 844-274-5201

www.anthem.com

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Anthem EAP

Tel: 800-865-1044

www.anthemead.com

Company Code: Douglas County