

2025 Retiree Benefits Handbook



Benefits on the GO



**Receive benefits information
right on your phone!**

- Text the word **Gwinnett** to **833.437.0978**
or scan the QR code above.
- Reply with **Gwinnett Benefits**.

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Gwinnett County Board of Commissioners

2025 Retiree Benefits Plans

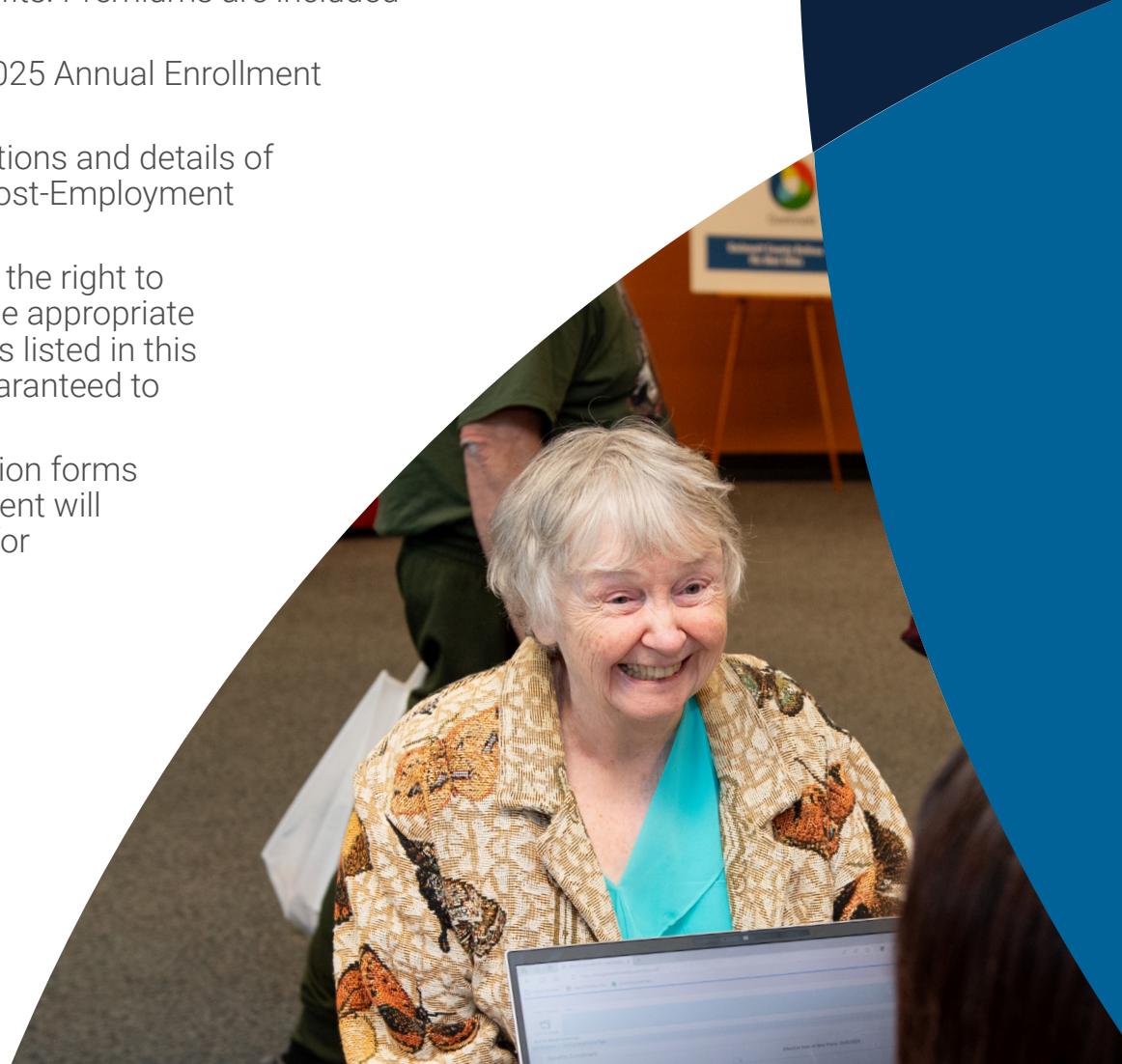
Welcome to the Gwinnett Retiree Benefits program. Gwinnett provides a broad range of benefits designed to support all aspects of retiree health and well-being. This book provides details about the benefits options available to you and your eligible dependents. Also, you will find important eligibility and enrollment information. Both the retiree and the County contribute to the cost of benefits. Premiums are included in each section.

Find additional resources on GC Retiree, including the 2025 Annual Enrollment Video and 2025 Annual Enrollment Guide.

The GC Retiree Website also has summary plan descriptions and details of the funding and eligibility rules as defined in the Other Post-Employment Benefits Policy.

The Gwinnett County Board of Commissioners reserves the right to revise benefits offered at any time and the right to charge appropriate premiums for these benefits. The benefits and premiums listed in this book are effective as of January 1, 2025, and are not guaranteed to remain the same in future years.

Please note: Fraudulent statements on benefits application forms or website, *My GCHub* (formerly known as ESS), enrollment will invalidate any payment or services and will be grounds for canceling the retiree's benefits coverage.



Health Plan Eligibility Information

Medical levels of coverage

- Retiree only: No dependent coverage
- Retiree + spouse: No dependent children
- Retiree + child(ren): Employee + one or more children, no spouse
- Family: Retiree, spouse, and child(ren)

Coverage for the retiree

This document describes the benefits an eligible retiree may receive through health plans (medical, dental, vision, and EAP) offered by Gwinnett County Government. Employees approved for a medical disability while employed by Gwinnett are eligible to continue health, dental, and/or vision benefits at retiree rates for a minimum of two years. Benefits coverage beyond two years will be administered pursuant to the CA OPEB Policy.

Coverage for the retiree's dependents

If the retiree is covered by Gwinnett health plans, eligible dependents of the retiree may also enroll. Only dependents who were eligible for benefits on the participant's retirement date can be covered by any of the Gwinnett benefits plans.

If the retiree is covered, eligible dependents can enroll in any plan that offers dependent coverage. Eligible dependents are:

- Legal spouse
- Eligible children, who include:
 - Natural children
 - Stepchildren
 - Legally adopted children (or children proposed for adoption)
 - Foster children
 - Appointed legal guardianship of a child

Retirees adding dependents during annual enrollment or adding dependents as a result of a qualified life status change will be required to prove the eligibility of all dependents being enrolled in Gwinnett medical, dental, and/or vision benefits. Gwinnett's eligibility requirements are included in this book. If documentation for a dependent(s) is not received and validated by the date specified, the level of coverage for elected benefits will be "retiree only" as of their effective date. The Gwinnett Department of Human Resources will verify all retiree and dependent eligibility. For a list of documentation required for each potentially benefit-eligible dependent (spouse, child, or stepchild), please refer to the Gwinnett County Summary Plan Description located on the GC Retiree website.

Health Plan Eligibility Information

Important information about eligibility for Medicare: retirees and covered dependents

Important Notice: Once Medicare eligible, retirees or covered dependents must be enrolled in Medicare Part A and Part B to remain eligible for coverage under Gwinnett County health plans. Failure to enroll in Medicare Part A and Part B will result in termination of your medical coverage with Gwinnett County. If you have questions about Medicare enrollment and pricing, contact your local Social Security Administration. The Gwinnett health plan option for retirees and eligible dependent(s), who are Medicare eligible is the Humana Medicare Advantage Plan.

Retiree procedures for submission of documentation

Upon final completion of the website enrollment process, print and review a confirmation statement to ensure accuracy of the enrollment. Supporting documentation must be received by the Department of Human Resources, Benefits Division, by the date specified. Clear photocopies of the documents will be adequate. The documents submitted will not be returned. Enrollment must be completed within 30 days of retirement. Documents must be received in the Department of Human Resources within 30 calendar days of retirement or life status change for the benefits to become effective for the retiree and any eligible dependents.

Document review procedures

Documents will be reviewed by the Department of Human Resources staff. If the documentation is found to be adequate, no further action will be necessary. If documentation is deemed inadequate, a Department of Human Resources staff member will request additional documentation or clarification from the retiree. If the documentation does not support dependent eligibility for benefits, enrollment of the dependent will be denied. Medical, dental, and/or vision coverage for dependents ruled ineligible will be rescinded unless an appeal of this decision is processed and approved.

Immediately upon denial of a dependent's eligibility, the retiree will be contacted by Human Resources.

Consider this

If there is a non-Medicare participant and a Medicare eligible participant on the same coverage, the non-Medicare participant will be linked to a non-Medicare plan of choice as provided by Gwinnett. The Gwinnett health plan option for retirees and eligible dependent(s) who are Medicare eligible is the Humana Medicare Advantage Plan.

2025 Benefits Plan(s) Changes

Life status change

At any time, other than the annual enrollment period, retirees are unable to add or delete coverage for themselves or their dependents unless the retiree experiences a life status change, as defined by the IRS.

For details of life status change, refer to the Gwinnett County Summary Plan Description located on the GC Retiree website.

Important information: If a retiree experiences a qualified life status change that results in a request to add a dependent to any of his/her benefits plans. **Only dependents who were eligible for benefits on the retiree's retirement date can be covered by any of the Gwinnett County benefits plans at that time or in the future (see CA-303 OPEB policy).**

The Department of Human Resources must be notified – in writing, with required documentation – within 30 calendar days of a qualified life status change if the retiree wants to apply for a change in coverage as a result of the change in status. If approved, the requested change will be effective on the date of the qualifying event.

Section B: Qualified Event	Required Documentation of Proof
Divorce or legal separation	<ul style="list-style-type: none">Divorce Decree or Legal Separation AgreementCompleted Life Status Change FormFailure to notify Human Resources in writing within 30 days of a divorce or legal separation can result in reimbursement to Gwinnett County for any employer-paid premiums for any ineligible dependents left on the plan
Death of a spouse	<ul style="list-style-type: none">Death CertificateCompleted Life Status Change Form
You, your spouse, or your eligible dependent has a loss of qualified coverage	<ul style="list-style-type: none">Proof of coverage lostMarriage Certificate and financial documentation if covering spouseBirth Certificate for eligible dependentsCompleted Life Status Change Form
Other	<ul style="list-style-type: none">This is not an exclusive list. Please contact Human Resources if you think you may have a qualified life status change

Opting out of benefits offered by Gwinnett

If eligible, retirees are provided the opportunity to elect whether or not they continue group health benefits at the time of retirement. If retirees cancel Gwinnett benefits, they must have had continuous group employer coverage in order to return to the Gwinnett retiree plan.

HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

To request special enrollment or obtain more information, contact Gwinnett Benefits at **770.822.7915**.

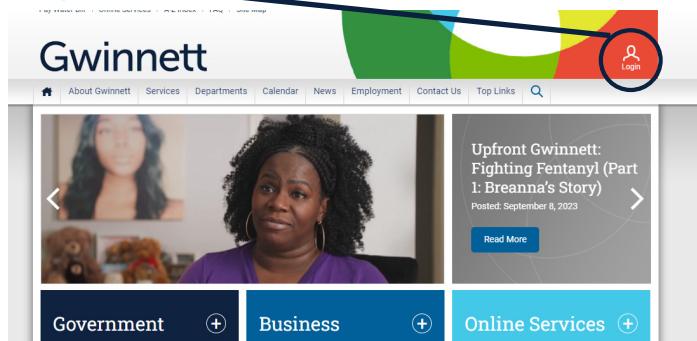
GC Retiree Website

Gwinnett County Government's goal is to deliver information to retirees in an effective manner and provide a website designed exclusively for retirees called GC Retiree. This website contains information about issues and events that impact retirees, details about benefits options for 2025, and a direct link to login to My GCHub for benefits enrollment.

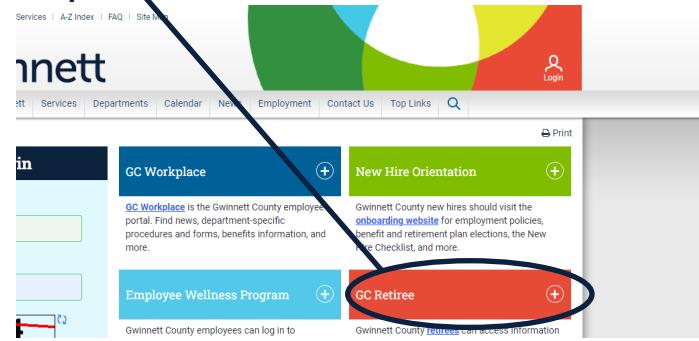
To access GC Retiree, go to GwinnettCounty.com, select Login in the upper right corner, then click on GC Retiree box shown below.

Be sure to save GC Retiree in your browser favorites. Gwinnett Human Resources will continue to post information for retirees on this website year-round.

Step 1



Step 2



Step 3



Step 3



Receive emails from Human Resources

Share your personal email address with Human Resources to get benefits information quickly. If you choose to stop receiving emails from Gwinnett, your email address will be removed. Please send your email address to GC-Retiree@GwinnettCounty.com.

My GCHub Instructions

Benefits elections must be updated through *My GCHub*. Any updates/changes made on the *My GCHub* system are immediate.

Accessing *My GCHub* from a Gwinnett County network computer or from your home computer

1. Go to GwinnettCounty.com; click on Login in the top right corner of the page.
2. Select the GC Retiree icon.

To access *My GCHub*

1. Click on *My GCHub* to login
2. The *My GCHub* log on screen will appear.
3. Enter your *My GCHub* username and your eight-character password (symbols not allowed).
4. Click Log on.
5. If you need to reset your *My GCHub* password, you can use the password reset option on the log in page. You will need your personal email that was provided at retirement. If you still need assistance logging on, please call the Gwinnett Benefits Team at **770.822.7915**.

Important information

- Disable the pop-up blocker under *Tools* on the *Internet* menu bar.
- The Adobe Reader® software is required in order to display/print forms.

To print benefits confirmation (benefits, dependents, and cost)

1. Click Benefits.
2. Click Benefits Confirmation Statement
3. Change date in Key Date to display benefits coverage as of effective date.
4. Click Print Form and an Adobe window will display the confirmation statement.
5. Click Print Icon on Adobe window to print the confirmation statement

Links to benefits forms, summary of documents, and vendor website

1. Click General Information.
2. Click Forms and Helpful Links.
3. Click on the vendor's name and open the vendor link.

Employee Assistance Program



Gwinnett's confidential Employee Assistance Program, or EAP, offers mental health and work-life services. Available to all employees, retirees, and anyone in their household for four free visits per issue per year. Powered by ComPsych®, GuidanceResources® provides you and your dependents 24/7 support, resources, and information to help you with all of life's challenges. From no-cost, confidential counseling and legal support to financial information and personalized work-life resources, we've got you covered.

Visit [GuidanceResources.com](https://www.GuidanceResources.com) to create an account by clicking Register. Then, enter "Gwinnett" for the Organization Web ID.

Call **1.866.365.0817** if you have questions or need assistance.



Mental Health Resources

Available to Kaiser members



Headspace

Kaiser has collaborated with Headspace to help members cope with some of life's most common challenges, from dealing with anxiety and stress to navigating your relationships and career. You can use Headspace for 90 days per year at no cost.

Log into your Kaiser account at KP.org/Gwinnett to sign up.

LifeStance

Kaiser has partnered with LifeStance, a mental health care company. LifeStance is focused on providing evidence-based, medically driven treatment services for children, adolescents, and adults suffering from a variety of mental health issues.

Visit LifeStance.com/Kaiser-GA or call **980.766.1807** to find a provider and start treatment.

Sondermind

Kaiser and Sondermind have teamed up to help members find a therapist that works for them. After answering a few brief questions, you can choose a clinician to meet online or in-person and continue to receive the support you need to reach your mental health goals. All Sondermind's therapists are in Kaiser's network.

Visit Sondermind.com/Insurance/Kaiser-Permanente to sign up or call **844.843.7279 (844.THERAPY)** for more information.

Mental Health Resources

Available to Aetna members.



AbleTo

Aetna has collaborated with AbleTo to provide employees and their dependents 18 and over with one-on-one therapy and coaching sessions to help decrease depression, anxiety, and stress. AbleTo coaches help participants reach their goals by setting up personalized programs by phone or video chat.

Log into your account at [Aetna.com](https://www.aetna.com) to get started.

Georgia Helplines

Available to all residents of Georgia

988 Georgia

988 is a direct, national three-digit line that connects individuals with suicide prevention and mental health crisis resources. 988 calls, texts, and chats in Georgia are answered by the Georgia Crisis and Access Line, 24 hours a day, 7 days a week, 365 days a year.

Visit [988Ga.org](https://988ga.org) for more information.

United Way 211

United Way 211 is an information and referral service that gathers information on community resources to refer you to resources that meet your needs. Currently, digital platforms will give you the fastest service. You can search online or download the 211 app to access a searchable database of resources. You can also text 211od to 898211 to receive a list of referrals based on your ZIP code.

Visit 211online.UnitedWayAtlanta.org to learn more.

OneStop4Help

Facing health, hunger, or housing challenges? Visit GwinnettOneStop.com for help.

Gwinnett Employee Wellness Center

crossover

We've teamed up with Crossover Health to bring you and your family new and improved health care services through the Gwinnett Employee Wellness Center. The Crossover Health physicians will aim to create a personalized provider relationship, giving you additional time to discuss your health care needs and put your health first. This new partnership will also expand the services and tools available to you and your dependents on both the Aetna and Kaiser plans, providing a convenient and affordable health care option for pre-Medicare Retirees only.

New services available to you

Select pediatric care

- Dependents ages 3 and older who are on a medical plan can now be seen for acute care and sports physicals.

Reduced co-pays

- \$20 sick visits and no-cost preventive screenings

Access to a registered dietitian

- Partner with the onsite dietitian for nutrition and expert dietary advice to help manage diabetes, aid in your weight loss journey, or seek guidance for managing other chronic illnesses

For more information, visit CrossoverHealth.com/Gwinnett.

Available to Kaiser Members



We deliver care your way

We make it easy for you to get care. In addition to in-person visits, our telehealth options—video visits, 24/7 phone advice from a nurse, and prescription home delivery — let you stay on top of your care from anywhere.

Choose a doctor who's right for you

Our online doctor profiles let you browse the many excellent doctors and convenient locations in your area, even before you enroll. This helps you choose from hundreds of board-certified doctors and specialists who fit your needs. You're also free to change your doctor at any time, for any reason.

Transition your care seamlessly

Easily move prescriptions and find a location that's close to your home, work, or school. Many services are often under one roof, making it easy to see your doctor, get a lab test and pick up prescriptions — all in one trip.

Dedicated Team

Gwinnett employees have a dedicated Kaiser Permanente team that assists with benefits, scheduling appointments, new member onboarding, claim inquiries, and more. Call **404.760.3549** Monday to Friday from 7:00am to 7:00pm.

Available to Kaiser Members



Diabetes Prevention

Kaiser members have access to Omada Health, which is an innovative approach to diabetes prevention. This program will help you build healthy habits while providing you with a specialized plan, a dedicated care management team, and smart health equipment with wireless technology to help monitor your progress. Omada shows you a different way to think about your health so you can experience lasting change.

Visit OmadaHealth.com/kp to learn more.

Medbridge

Kaiser clinicians prescribe customized physical therapy regimens, and members receive an email with a link to their unique, video-based program. Members can complete their physical therapy routine anytime, anywhere by signing into KP.org or the Kaiser app.

Available to Kaiser Members



Fitness deals

Stay active and fit with a variety of reduced rates on studios, gyms, fitness gear, and online classes — available for Kaiser Permanente members.

ClassPass

Fitness industry leader ClassPass makes it easier for you to work out from anywhere. ClassPass partners with 40,000 gyms and studios around the world, offering a range of classes, including yoga, dance, cardio, boxing, Pilates, boot camp, and more.

Active&Fit Direct

With the Active&Fit Direct program, you also have access to contracted fitness centers in the Active&Fit Direct network. When Kaiser Permanente members sign up for an Active&Fit Direct gym membership, they can visit any of the 12,200+ participating fitness centers in the nationwide Active&Fit Direct network. Participating gyms may include LA Fitness, Gold's Gym, Curves, Anytime Fitness, and more.

ChooseHealthy

Kaiser Permanente members can get reduced rates on a variety of fitness, health, and wellness products through the ChooseHealthy program.

The ChooseHealthy program is provided by ChooseHealthy, Inc. The Active&Fit Direct program are provided by American Specialty Health Fitness Inc. (ASH Fitness). ChooseHealthy, Inc. and ASH Fitness are subsidiaries of American Specialty Health, Inc. (ASH). Active&Fit Direct and ChooseHealthy are trademarks of ASH and used with permission herein.

Medical Plans



What's Covered	Cost to You	
	Silver HMO In-Network	Gold HMO In-Network
Annual Deductible	\$2,150 per person \$4,300 per family	\$1,200 per person \$2,400 per family
Out-of-Pocket Maximum Deductible, coinsurance, and copay accumulate toward the out-of-pocket maximum	\$6,100 per person \$12,200 per family	\$3,700 per person \$7,400 per family
Primary Care Office Visit	\$65 copay	\$35 copay
Preventive Care Affordable Care Act (ACA) Guidelines Non-ACA Services	No cost Varies, based on type and place of service	No cost Varies, based on type and place of service
Specialty Care Office Visit	\$85 copay	\$55 copay
Emergency Care Urgent Care Facility Ambulance Hospital Emergency Room	\$70 copay \$100 copay per trip 30% coinsurance after deductible	\$50 copay \$100 copay per trip 20% coinsurance after deductible
Inpatient Hospital Including Mental Health and Chemical Dependency	30% coinsurance after deductible	20% coinsurance after deductible
Inpatient/Outpatient Surgery	30% coinsurance after deductible	20% coinsurance after deductible
Lab and Imaging Inpatient and Outpatient: Lab, Diagnostic Clinic, or Facility	No cost with office visit; 30% coinsurance after deductible	No cost with office visit; 20% coinsurance after deductible
Outpatient Visit Mental Health and Chemical Dependency	\$65 copay	\$35 copay

Medical Plans



What's Covered	Cost to You	
	Silver HMO In-Network	Gold HMO In-Network
Rehabilitation Physical Therapy Occupational Therapy (PT and OT: combined 20 visit limit per calendar year) Speech Therapy (20 visit limit per calendar year)	30% coinsurance after deductible	20% coinsurance after deductible
Chiropractic Visit (30 visit limit per calendar year)	\$85 copay	\$55 copay
Maternity Services Specialty Office Visit Pre and Post Maternity Care Delivery and Hospital Care	\$85 copay 30% coinsurance after deductible	\$35 copay 20% coinsurance after deductible
Family Planning Specialty Office Visit Diagnostic Infertility Services (to diagnose condition) (Artificial Insemination and In-Vitro Fertilization are not covered)	\$85 copay 30% coinsurance after deductible	\$55 copay 20% coinsurance after deductible
Skilled Nursing Facility (60-day limit per calendar year)	30% coinsurance after deductible	20% coinsurance after deductible
Home Health Care (120-day limit per calendar year)	30% coinsurance after deductible	20% coinsurance after deductible
Hospice Care	0% coinsurance, no deductible	0% coinsurance, no deductible
Vision Exam (no optical hardware benefit)	\$85 copay	\$55 copay
Hearing Aids (every 3 years)	\$1,000 maximum benefit	\$1,000 maximum benefit

Medical Plans



What's Covered	Cost to You	
	Silver HMO In-Network	Gold HMO In-Network
Durable Medical Equipment	30% coinsurance after deductible	20% coinsurance after deductible
Prescription Drugs – Kaiser Network Pharmacy Deductible Retail (up to 30 days) Generic Brand Mail Order (up to 90 days) Generic Brand <i>Drug must be on Kaiser formulary to be covered unless medical exception is approved. View Kaiser formulary at KP.org.</i>	None \$30 copay \$70 copay \$60 copay \$140 copay	None \$10 copay \$40 copay \$20 copay \$80 copay
Outpatient Visit Mental Health and Chemical Dependency	\$65 copay	\$35 copay
Monthly Pre-Medicare Retiree Premium	Kaiser Silver HMO Plan	Kaiser Gold HMO Plan
Retiree	\$344.85	\$536.95
Retiree + Spouse	\$689.70	\$1,073.93
Retiree + Child(ren)	\$615.52	\$944.06
Retiree + Family	\$960.38	\$1,411.86
Monthly Blended Retiree Premium (Pre-Medicare and Medicare Retiree)	Kaiser Silver HMO Plan	Kaiser Gold HMO Plan
Retiree + Spouse (1 Medicare)	\$435.28	\$651.08
Retiree + Child(ren) (1 Medicare)	\$383.01	\$606.88
Retiree + Family (1 Medicare)	\$705.95	\$965.32
Retiree + Family (2 Medicare)	\$451.53	\$518.80

Available to Aetna Members



Aetna One Advisor

Managing your health and your benefits can be challenging – but you don't have to do it alone. With Aetna One Advisor, you have the power and hearts of an entire team behind you to help you simplify your health and live your best life.

The Aetna One Advisor Member Advocate Team consists of a:

- Member advisor
- Well-being advisor
- Health advisor
- Pharmacist
- Nurse
- Medical director

You can count on your Aetna One Advisor Advocate Team to help with all of your health needs, such as understanding your benefits, sticking to your care plan, and saving money. The Aetna One Advisor Advocate Team is available to make health care easier, no matter what assistance you may need.

To access this benefit, simply log in to your Aetna account at [Aetna.com](https://www.aetna.com) or call 866.307.6077.

Available to Aetna Members



Aetna Point Solutions

Transform Oncology

For those who have recently received a cancer diagnosis, Aetna offers Transform Oncology. This program offers proactive patient support that is coordinated between an Aetna nurse and personal navigator. This personal approach provides support for members' health, social, emotional, and financial needs throughout their treatment.

Register at [Aetna.com/cancersupport](https://www.aetna.com/cancersupport) to access this benefit.

Transform Diabetes

Transform Diabetes offers a dedicated care management team that helps those with diabetes manage their health condition using a holistic approach through lifestyle management and medication compliance. Participants get the tools and resources they need to help manage their condition and receive the highest quality of care.

Visit [aetna.com/services/diabetes.html](https://www.aetna.com/services/diabetes.html) to access this benefit.

Available to Aetna Members



CVS Virtual Care

CVS Virtual Care is a convenient way to access quality care for you and your covered dependents. You can receive 24/7 on-demand care with licensed providers for common illnesses, common infections, one-time medication refills, and chronic condition management. A licensed therapist is available to talk for mental health service needs 7 days a week, including evenings. Go to CVS.com/virtual-care to learn more about virtual services.

2nd.MD

Aetna Second Opinion is powered by 2nd.MD and is a free benefit included with Aetna enrollment. It connects you with a board-certified specialist for a medical consultation by phone or video.

To learn more, visit 2nd.md/activate/step1/aetna or call **1.866.410.8649**.

Hinge Health

Aetna Back and Joint is powered by Hinge Health and is available to all Aetna members and their covered dependents. The app offers remote exercise therapy technology that goes above and beyond traditional physical therapy to help you conquer pain — all from the comfort of your own home. To learn more, apply at Hingehealth.com/gwinnett22 or call **855.902.2777**.

Medical Plans



What's Covered	Traditional PPO Aetna Network: (Aetna Choice POS II) (Open Access)	
	In-Network	Out-of-Network
Annual Deductible	\$1,600 per person \$3,200 per family	\$3,200 per person \$6,400 per family
Out-of-Pocket Maximum Deductible, coinsurance, and copay accumulate toward the out-of-pocket maximum	\$4,200 per person \$8,400 per family	\$8,400 per person \$16,800 per family
Primary Care Office Visit	\$50 copay	50% coinsurance after deductible
Preventive Care Affordable Care Act Guidelines Non-ACA Services	No cost Varies based on type/place of service	50% coinsurance after deductible
Specialty Care Office Visit	\$75 copay	50% coinsurance after deductible
Emergency Care		
Urgent Care Facility	\$75 copay	50% coinsurance after deductible
Ambulance	30% coinsurance after deductible	50% coinsurance after deductible
Hospital Emergency Room	30% coinsurance after deductible	30% coinsurance after deductible
Inpatient Hospital Including Mental Health and Chemical Dependency	30% coinsurance after deductible	50% coinsurance after deductible
Inpatient/Outpatient Surgery	30% coinsurance after deductible	50% coinsurance after deductible
Lab and Imaging Inpatient and Outpatient Lab, Diagnostic Clinic, or Facility	30% coinsurance after deductible	50% coinsurance after deductible
Outpatient Visit Mental Health and Chemical Dependency	\$75 copay	50% coinsurance after deductible

Medical Plans



What's Covered	Traditional PPO Aetna Network: (Aetna Choice POS II) (Open Access)	
	In-Network	Out-of-Network
Therapy Services (Calendar year maximums are combined between in-network and out-of-network)		
Speech Therapy, Physical Therapy, Occupational Therapy, Chiropractic Services	\$75 copay 60-visit combined maximum per year for speech, physical, occupational, and chiropractic visits	50% after deductible; 60 visits combined per year maximum for speech, physical, occupational, and chiropractic visits
Behavioral Health Services (Services must be authorized by calling 1.800.292.2879)		
Inpatient (Facility fee)	30% coinsurance after deductible	50% coinsurance after deductible
Inpatient (Physician fee)	30% coinsurance after deductible	50% coinsurance after deductible
Inpatient Substance Abuse Detoxification (Facility fee)	30% coinsurance after deductible	50% coinsurance after deductible
Inpatient Substance Abuse Detoxification (Physician fee)	30% coinsurance after deductible	50% coinsurance after deductible
Other Services (Calendar year maximums are combined between in-network and out-of-network)		
Urgent Care Center	\$75 co-payment	50% coinsurance after deductible
Skilled Nursing Facility Annual Maximum: 30 days (Maximum = combined in-network and out-of-network days)	30% coinsurance after deductible 60-day calendar year maximum	50% coinsurance after deductible 60 visits per calendar year
Home Health Care Annual Maximum: 120 days (combined in-network and out-of-network)	30% coinsurance after deductible 60 visits per calendar year	50% coinsurance after deductible 60 visits per calendar year
Hospice Care	30% coinsurance (not subject to deductible)	50% coinsurance (not subject to deductible)
Ambulance (Covered only when medically necessary)	30% coinsurance	50% coinsurance

Medical Plans



What's Covered	Traditional PPO Aetna Network: (Aetna Choice POS II) (Open Access)	
	In-Network	Out-of-Network
Durable Medical Equipment (DME)	30% coinsurance after deductible	50% coinsurance after deductible
Prescription Drug Coverage	<ul style="list-style-type: none"> Prescription drug coverage Aetna Pharmacy Management 	
Rehabilitation Physical Therapy Occupational Therapy Speech Therapy (PT, OT, and ST – includes Autism and Cerebral Palsy: combined 60 visit limit per calendar year)	\$75 copay	50% coinsurance after deductible
Chiropractic Visit/Spinal Manipulation	\$75 copay	50% coinsurance after deductible
Maternity Services Specialty Office Visit Pre- and Post-Maternity Care Delivery and Hospital Care	\$75 copay 30% coinsurance after deductible	50% coinsurance after deductible
Family Planning Specialty Office Visit Diagnostic Infertility Services (to diagnose condition) Artificial Insemination and In-Vitro Fertilization are not covered	\$75 copay 30% coinsurance after deductible	50% coinsurance after deductible
Skilled Nursing Facility (Annual Maximum: 60 days combined in or of-network)	out- 30% coinsurance after deductible	50% coinsurance after deductible
Home Health Care (Annual Maximum: 60 days combined in or out-of-network)	30% coinsurance after deductible	50% coinsurance after deductible
Hospice Care	30% coinsurance after deductible	50% coinsurance after deductible
Vision Exam (no optical hardware benefit)	\$75 copay	50% coinsurance after deductible
Hearing Aids (one per ear, every 3 years)	30% coinsurance after deductible	50% coinsurance after deductible

Medical Plans



What's Covered	Traditional PPO Aetna Network: (Aetna Choice POS II) (Open Access)	
	In-Network	Out-of-Network
Prescription Drug Coverage	Prescription drug coverage is provided by CVS/Caremark.	
Pharmacy Deductible	None	
Retail (up to 30 days) Generic Preferred Brand Non-Preferred Brand		\$20 copay \$50 copay \$75 copay
Mail Order (up to 90 days) Generic Preferred Brand Non-Preferred Brand		\$40 copay \$100 copay \$150 copay
Drug must be on Aetna formulary to be covered unless medical exception is approved. View Aetna formulary at Aetna.com .		
Monthly Pre-Medicare Retiree Premium	Aetna Traditional PPO Plan	
Retiree	\$638.22	
Retiree + Spouse	\$1,531.25	
Retiree + Child(ren)	\$1,492.35	
Retiree + Family	\$1,552.20	
Monthly Blended Retiree Premium (Pre-Medicare and Medicare Retiree)	Aetna Traditional PPO Plan	
Retiree + Spouse (1 Medicare)	\$1,045.01	
Retiree + Child(ren) (1 Medicare)	\$786.38	
Retiree + Family (2 Medicare)	\$504.29	
Retiree + Family (1 Medicare)	\$1,067.34	

Medical Plans



What's Covered	Aetna Bronze Max Choice Aetna Network: Aetna Choice POS II (Open Access)		Aetna Silver Max Choice Aetna Network: Aetna Choice POS II (Open Access)		Aetna Gold Max Choice Aetna Network: Aetna Choice POS II (Open Access)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$3,900/individual \$7,800/family	\$7,800/individual \$15,600/family	\$2,350/individual \$4,700/family	\$4,700/individual \$9,400/family	\$1,650/individual \$3,300/family	\$3,200/individual \$6,400/family
Out-of-Pocket Maximum Deductible, coinsurance, and copay accumulate toward the Out-of-Pocket Maximum	\$6,900/individual \$13,800/family	\$13,800/individual \$27,600/family	\$4,900/individual \$9,800/family	\$9,800/individual \$19,600/family	\$2,800/individual \$5,600/family	\$5,600/individual \$11,200/family
Primary Care Office Visit	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
Preventive Care Affordable Care Act Guidelines Non-ACA Services	No cost	50% coinsurance after deductible	No cost	50% coinsurance after deductible	No cost	50% coinsurance after deductible
Specialty Care Office Visit	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
Emergency Care						
Primary Care Office Visit	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
Hospital Emergency Room Urgent Care Facility Ambulance	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	30% coinsurance after deductible	15% coinsurance after deductible	15% coinsurance after deductible
Inpatient Hospital Including Mental Health and Chemical Dependency	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible

Medical Plans



What's Covered	Aetna Bronze Max Choice Aetna Network: Aetna Choice POS II (Open Access)		Aetna Silver Max Choice Aetna Network: Aetna Choice POS II (Open Access)		Aetna Gold Max Choice Aetna Network: Aetna Choice POS II (Open Access)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient/Outpatient Surgery	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
Lab and Imaging Inpatient and Outpatient Lab, Diagnostic Clinic, or Facility	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
Outpatient Visit Mental Health and Chemical Dependency	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
Rehabilitation Physical Therapy Occupational Therapy Speech Therapy (PT, OT, and ST – includes Autism and Cerebral Palsy: combined 60 visit limit per calendar year)	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
Chiropractic Visit/Spinal Manipulation (30 per calendar year)	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
Maternity Services Specialty Office Visit Pre and Post Maternity Care Delivery and Hospital Care	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible

Medical Plans



What's Covered	Aetna Bronze Max Choice Aetna Network: Aetna Choice POS II (Open Access)		Aetna Silver Max Choice Aetna Network: Aetna Choice POS II (Open Access)		Aetna Gold Max Choice Aetna Network: Aetna Choice POS II (Open Access)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Family Planning Specialty Office Visit Diagnostic Infertility Services (to diagnose condition) (Artificial Insemination and In-Vitro Fertilization are not covered)	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
Skilled Nursing Facility Skilled Nursing Facility	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
Home Health Care (Annual Maximum: 60 days combined in or out-of-network)	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
Hospice Care	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
Vision Exam (no optical hardware benefit)	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
Hearing Aids (one per ear, every 3 years)	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
Durable Medical Equipment	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
Inpatient Hospital Including Mental Health and Chemical Dependency	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible

Medical Plans



What's Covered	Aetna Bronze Max Choice Aetna Network: Aetna Choice POS II (Open Access)		Aetna Silver Max Choice Aetna Network: Aetna Choice POS II (Open Access)		Aetna Gold Max Choice Aetna Network: Aetna Choice POS II (Open Access)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drugs						
Pharmacy Deductible	None					
Retail (up to 30 days) Generic Preferred Brand Non-Preferred Brand	30% coinsurance after deductible		30% coinsurance after deductible		15% coinsurance after deductible	
Mail Order (up to 90 days) Generic Preferred Brand Non-Preferred Brand	30% coinsurance after deductible		30% coinsurance after deductible		15% coinsurance after deductible	
Drug must be on Aetna formulary to be covered unless medical exception is approved. View Aetna formulary at Aetna.com .						
Monthly Pre-Medicare Retiree Premium	Aetna Bronze Plan		Aetna Silver Plan		Aetna Gold Plan	
Retiree	\$212.94		\$395.82		\$595.23	
Retiree + Spouse	\$425.88		\$791.65		\$1,190.48	
Retiree + Child(ren)	\$437.48		\$684.38		\$953.56	
Retiree + Family	\$650.41		\$1,080.20		\$1,548.80	
Monthly Blended Retiree Premium (Pre-Medicare and Medicare Retiree)	Aetna Bronze Plan		Aetna Silver Plan		Aetna Gold Plan	
Retiree + Spouse (1 Medicare)	\$303.37		\$486.25		\$866.66	
Retiree + Child(ren) (1 Medicare)	\$314.97		\$378.99		\$819.60	
Retiree + Family (1 Medicare)	\$527.91		\$774.81		\$1,043.99	
Retiree + Family (2 Medicare)	\$405.40		\$469.42		\$539.19	



If you and/or your family members are Medicare eligible, we offer the Humana Medicare Advantage plan. Once eligible for Medicare you must enroll in Medicare A & B to continue coverage. This is the only plan available for those eligible for Medicare. You can enroll in a blended plan if you have family members on your plan who are not yet Medicare eligible.

See the retiree benefits book on GC Retiree at GwinnettCounty.com/Retiree for more information.



Cigna offers two dental PPO plans and one dental health maintenance organization or DHMO plan. With the DHMO plan, you must stay in network. The PPO plans offer WellnessPlus Progressive Maximum Benefit, which rewards you and your covered dependents for receiving preventive dental care every year.



Choose between two vision plans: basic or premier. Basic only provides frames every other year. Premier provides frames every year.



TruHearing makes hearing aids affordable by providing exclusive savings to all VSP Vision Care members. You can save up to 60 percent on a pair of hearing aids. Dependents and extended family members are eligible, too.

To learn more, visit TruHearing.com/vsp or call **877.396.7194**.

Humana Medicare Advantage Plan



There is one Medicare Advantage Plan available for Medicare eligible retirees and their Medicare eligible dependents.

What's Covered	Cost To You	
	In-Network	Out-of-Network
Annual Deductible		\$150 This is the amount you have to pay out of pocket before the plan will pay its share for your covered Medicare Part A and B services.
Out-of-Pocket Maximum per year		\$3,400 The maximum out-of-pocket limit applies to all covered Medicare Part A and B benefits including deductible.
Primary Care Physician Selection		Optional There is no requirement for member pre-certification. Your provider will do this on your behalf.
Referral Requirement		None
Primary Care Office Visit		\$15 Copay Includes services of an internist, general physician, family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.
Specialty Care Office Visit		\$30 Copay
Ambulance Services		\$75 Copay
Emergency Room		\$50 Copay
Urgent Care		\$30 Copay
Preventive Care		\$0
Screenings/Immunizations		\$0
Inpatient Hospital		\$500 copay per stay
Skilled Nursing		\$20 copay per day, day(s) 1 to 5; \$0 copay per day, day(s) 6 to 100. Limited to 100 days per Medicare Benefit Period

Humana Medicare Advantage Plan



Retail Prescription Drugs		
Generic	\$10 copay	
Preferred Brand	\$30 copay	
Non-Preferred Brand	\$60 copay	
Specialty	\$100 Copay Limited to One-Month Supply	
What's Covered	Cost To You	
	In-Network	Out-of-Network
	Mail Order Prescription Drugs (up to 90 days)	
	Generic	\$15 copay
	Preferred Brand	\$75 copay
Non-Preferred Brand	\$150 copay	
Specialty	\$100 copay Limited to One-Month Supply	
Medicare Eligible		Monthly Retiree Premium
Retiree Only	\$90.43	
Retiree + Spouse	\$275.07	

Important Notice: You are required to contact the Gwinnett County Benefits Division 60 days prior to the date you or your covered dependent becomes Medicare eligible due to a disability.

You are required to apply for Medicare 90 days Prior to the date you or your dependents becomes Medicare eligible. Generally your coverage starts the first your birth month. After you receive your Medicare card, also called red, white and blue card, you need to provide it to Gwinnett County. Failure to apply for Medicare A and B will result in cancellation of medical coverage.

Dental Plans: HMO – Cigna DHMO



For DHMO plan information, see the Cigna Dental Care Patient Charge Schedule posted on GC Retiree under Benefits Plan > Dental > Cigna HMO.

What's Covered	DHMO	PPO Mid-Option	PPO High-Option
Annual Deductible(s)		\$100 per person \$300 per family	\$50 per person \$150 per family
Annual Benefits Maximum		\$1,000 per person	\$1,500 per person
WellnessPlus® Progressive Maximum Benefit		When you or your family member receive any preventive care service during one plan year, the annual dollar maximum will increase in the following year until it reaches the highest level specified below:	
		Year 4 & beyond: \$1,300	Year 4 & beyond: \$1,800
Diagnostic and Preventive Oral exams Teeth cleaning X-rays Maximum of two visits per person per calendar year	For a complete list of DHMO copays, see Schedule of Benefits on GC Retiree	Covered: 100% No out-of-pocket cost Expense applied to benefit maximum	Covered: 100% No out-of-pocket cost Expense applied to benefit maximum
Basic Benefits Fillings Oral surgery – extractions		PPO Dentist: 20% after deductible Non-PPO Dentist: 20% of UCR*	PPO Dentist: 20% after deductible Non-PPO Dentist: 20% of UCR*
Periodontics and Endodontics Root canals, etc.		PPO Dentist: 50% after deductible Non-PPO Dentist: 50% of UCR*	PPO Dentist: 50% after deductible Non-PPO Dentist: 50% of UCR*
Major Benefits Crowns and bridges Prosthetics – dentures		PPO Dentist: 50% after deductible Non-PPO Dentist: 50% of UCR*	PPO Dentist: 50% after deductible Non-PPO Dentist: 50% of UCR*
Orthodontic Benefits Children and adults		Not Covered	PPO Dentist: 50% after deductible
Orthodontic Lifetime Benefit Maximum		Not Applicable	\$2,500 per person

Dental Plans: Cigna Dental



What's Covered	DHMO	PPO Mid-Option	PPO High-Option
Implants Crowns and bridges Prosthetics – dentures	For a complete list of DHMO copays, see Schedule of Benefits on GC Retiree	Not Covered	PPO Dentist: 50% after deductible Non-PPO Dentist: 50% of UCR*
Implant Lifetime Benefit Maximum		Not Applicable	\$1,500 per person

*Payable after annual deductible is met

UCR: Usual, Customary, and Reasonable allowances apply to charges from non-PPO or out-of-network dentists. Out-of-network providers are not required to write off charges that exceed the allowable UCR amount. The patient is responsible for those amounts. PPO High-Option Plan: Lifetime maximums for orthodontic treatment and implants are separate from annual benefit maximums. Benefits paid for these expenses do not apply to the patient's annual maximum.

Please note: Removal of boney-impacted wisdom teeth is a medical expense and is not covered by the dental plans.

Premiums	Dental HMO Monthly	Mid-Option Monthly	High-Option Monthly
Retiree only	\$12.31	\$34.62	\$51.50
Retiree + Spouse	\$24.60	\$69.18	\$103.01
Retiree + Children	\$30.76	\$86.47	\$128.76
Retiree + Family	\$36.90	\$103.69	\$154.23

Vision Plans: Vision Service Plan



What's Covered	VSP Basic (In-Network)	VSP Premier (In-Network)	Out-of-Network
Provider	Contracted optometrists and ophthalmologists. Provider list is available at VSP.com .		Any licensed optometrist, ophthalmologist, or dispensing optician of your choice
	Pay Provider at Time of Service		Submit Claim for Reimbursement
Routine Eye Exam*	\$10 copay Frequency: Once per calendar year	\$15 copay Frequency: Once per calendar year	\$45 Frequency: Once per calendar year
Lenses** Single Vision Bifocal Trifocal Lenticular	\$10 copay Frequency: Once per calendar year	\$15 copay Frequency: Once per calendar year	\$32 \$50 \$65 \$100
Frames***	\$10 copay up to \$120 frame allowance, 20% discount on cost above frame allowance <i>(Once every other calendar year)</i>	\$15 copay up to \$150 frame allowance, 20% discount on cost above frame allowance <i>(Once every other calendar year)</i>	\$70
Contact Lenses***	\$60 contact fitting copay plus any cost above \$120 materials limit <i>(Once every other calendar year)</i>	\$15 contact fitting copay plus any cost above \$150 materials limit <i>(Once every other calendar year)</i>	\$105
Laser Vision Correction	15% – 20% discount	15% – 20% discount	

*Routine eye care only. Medical conditions of the eye (i.e., eye infections, foreign body in the eye, cataracts, etc.) are covered under your medical plan.

**Calendar year lens limitation includes contact lenses.

***Basic and premium plans will only cover the purchase of frames OR contacts in one calendar year.

Premiums	Basic Vision Monthly	Premier Vision Monthly
Retiree Only	\$4.84	\$10.21
Retiree + Spouse	\$9.88	\$20.83
Retiree + Children	\$10.22	\$21.53
Retiree + Family	\$16.32	\$34.42

Important Information

FOR ALL GWINNETT COUNTY RETIREES

Please read the following documents carefully:

- *Children's Health Insurance Program*
- *Medicare Prescription Drug Comparable Coverage Notice*
- *Medicare Part D Creditable Coverage Notice*

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

Free or low-cost health coverage to eligible families and children

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [HealthCare.gov](https://www.healthcare.gov).

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your state Medicaid or CHIP office or dial **1.877.KIDS NOW** or [InsureKidsNow.gov](https://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [AskEBSA.DOL.gov](https://www.dol.gov/ask) or call **1.866.444.EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your state for more information on eligibility:

Alabama Medicaid

[MyALHipp.com](https://www.myalhipp.com)

1.855.692.5447

Alaska Medicaid

The AK Health Insurance
Premium Payment Program

[MyAKHipp.com](https://www.myakhipp.com)

Email: CustomerService@MyAKHIPP.com

Medicaid Eligibility: [Health.Alaska.gov/DPA/](https://www.health.alaska.gov/DPA/Pages/Default.aspx)
[Pages/Default.aspx](https://www.health.alaska.gov/DPA/Pages/Default.aspx)

1.866.251.4861

Arkansas Medicaid

[MyARHipp.com](https://www.myarhipp.com)

1.855.MyARHIPP (855.692.7447)

California Medicaid

[DHCS.CA.gov/HIPP](https://dhcs.ca.gov/HIPP)

Email: HIPP@DHCS.ca.gov

916.455.8322

Fax: 916.440.5676

Health First Colorado

[HealthFirstColorado.com](https://www.healthfirstcolorado.com)

1.800.221.3943/State Relay 711

Child Health Plan Plus

[HCPF.Colorado.gov/Child-Health-Plan-Plus](https://www.hcpf.colorado.gov/Child-Health-Plan-Plus)

1.800.359.1991/State Relay 711

Health Insurance Buy-In Program (HIBI)

[MyCOHIBI.com](https://www.mycohibi.com)

1.855.692.6442

Florida Medicaid
FLMedicaidTPLRecovery.com/FLMedicaidT-PLRecovery.com/hipp/index.html
1.877.357.3268

Georgia Medicaid
Medicaid.Georgia.gov/Health-Insurance-Premium-Payment-Program-HIPP
678.564.1162, Press 1
CHIPRA
Medicaid.Georgia.gov/Programs/Third-Party-Liability/Childrens-Health-Insurance-Program-Reauthorization-Act-2009-CHIPRA
678.564.1162, Press 2

Indiana Medicaid
IN.gov/Medicaid/ and IN.gov/FSSA/DFR/
Family and Social Services Administration
1.800.403.0864
Member Services: 1.800.457.4584

Iowa Medicaid
HHS.Iowa.gov/Programs/Welcome-Iowa-Medicaid
1.800.338.8366
Hawki - Healthy and Well Kids in Iowa
HHA.Iowa.gov/Programs/Welcome-Iowa-Medicaid/Iowa-Health-Link/Hawki
1.800.257.8563
HIPP
HHS.Iowa.gov/Programs/Welcome-Iowa-Medicaid/Fee-Service/HIPP
1.888.346.9562

Kansas Medicaid
Kancare.KS.gov
1.800.792.4884
HIPP: 1.800.967.4660

Kentucky Medicaid
CHFS.KY.gov/Agencies/DMS/Member-Pages/kihipp.aspx
1.855.459.6328
Email: KIHIPP.Program@KY.gov
KCHIP
KYNECT.KY.gov
1.877.524.4718
CHFS.KY.gov/Agencies/DMS

Louisiana Medicaid
Medicaid.LA.gov or LDH.LA.gov/LAHIPP
1.888.342.6207 or 1.855.618.5488

Maine Medicaid
mymaineconnection.gov/benefits/s/?language=en_US
1.800.442.6003
TTY: Maine relay 711
Private Health Insurance Premium
Maine.gov/DHHS/OFI/Applications-Forms
1.800.977.6740
TTY: Maine relay 711

Massachusetts Medicaid and CHIP
Mass.gov/MassHealth/PA
1.800.862.4840
TTY: 711
Email: MassPremAssistance@Accenture.com

Minnesota Medicaid
MN.gov/dhs/health-care-coverage/
1.800.657.3672

Missouri Medicaid
DSS.MO.gov/mhd/Participants/Pages/hipp.htm
1.573.751.2005

Montana Medicaid
DPHHS.MT.gov/MontanaHealthcarePrograms/HIPP
1.800.694.3084
Email: HHSHIPPPProgram@mt.gov

Nebraska Medicaid
AccessNebraska.NE.gov
1.855.632.7633
Lincoln: 1.402.473.7000
Omaha: 1.402.595.1178

Nevada Medicaid
DHCFP.NV.gov
1.800.992.0900

New Hampshire Medicaid
DHHS.NH.gov/Programs-Services/Medicaid/Health-Insurance-Premium-Program
1.603.271.5218
HIPP: 1.800.852.3345, ext. 15218
Email: DHHA.ThirdPartyLiabi@dhhs.nh.gov

New Jersey Medicaid
State.NJ.US/HumanServices/dmajs/clients/medicaid
1.800.356.1561
CHIP
NJFamilyCare.org/index.html
1.800.701.0710
TTY: 711

New York Medicaid
Health.ny.gov/health_care/medicaid/
1.800.541.2831

North Carolina Medicaid
Medicaid.NCDHHS.gov
1.919.855.4100

North Dakota Medicaid
HHS.ND.gov/HealthCare
1.844.854.4825

Oklahoma Medicaid
InsureOklahoma.org
1.888.365.3742

Oregon Medicaid
Healthcare.Oregon.gov/Pages/Index.aspx
1.800.699.9075

Pennsylvania Medicaid
PA.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
1.800.692.7462
CHIP
PA.gov/en/agencies/dhs/resources/chip.html
1.800.986.KIDS (5437)

Rhode Island Medicaid
EOHHS.RI.gov
1.401.462.5300

South Carolina Medicaid
SCDHHS.gov
1.888.549.0820

South Dakota Medicaid
DSS.SD.gov
1.888.828.0059

Texas Medicaid
HHS.Texas.gov/services/financial/health-insurance-premium-payment-hipp-program
1.800.440.0493

Utah Medicaid and CHIP
Medicaid.Utah.gov/upp/
Email: UPP@Utah.gov
1.888.222.2542
Adult Expansion
Medicaid.Utah.gov/expansion/
Utah Medicaid Buyout Program
Medicaid.Utah.gov/buyout-program/
CHIP
CHIP.utah.gov

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
DOL.gov/Agencies/EBSA
1.866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare and Medicaid Services
CMS.HHS.gov
1.877.267.2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement
According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512. The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Medicare Part D Creditable Coverage Notice

Please read this important notice regarding your prescription drug coverage and Medicare from the Gwinnett County Board of Commissioners carefully. This notice has information about prescription drug coverage under the Kaiser Gold and Silver plans and the Aetna Gold, Silver, and Traditional plans.

Beginning January 1, 2006, Medicare prescription drug coverage was made available to everyone with Medicare. Health plans administering claim services on behalf of the Gwinnett County Board of Commissioners have determined that the prescription drug vendor for the Kaiser and the Aetna plans is on average, for all plan participants, expected to cover/pay as much as standard Medicare prescription drug coverage.

Note: Read this notice carefully. It explains the options you have under Medicare prescription drug coverage.

Because the Gwinnett County prescription drug coverage for the Kaiser and Aetna medical programs is, on average, as good as standard Medicare prescription drug coverage, you may keep Gwinnett County health plan coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

If you decide to enroll in a Medicare prescription drug plan, you will not be eligible for Gwinnett County prescription drug coverage through the Gwinnett County Board of Commissioners health plans.

If you drop your Gwinnett County coverage and enroll in a Medicare prescription drug plan, you may not be able to re-enroll in Gwinnett County coverage later. Compare your current coverage, including which specific drugs are covered, with the coverage and cost of plans offering Medicare prescription drug benefits.

You should also know that if you drop or lose your coverage with Gwinnett County and fail to enroll in Medicare prescription drug coverage when your current coverage ends, you may pay more to enroll in Medicare prescription drug coverage at a later date.

Note: You may receive this notice at other times in the future. You may also request a copy from the Gwinnett County Department of Human Resources.

Please refer to the Gwinnett County SPD for additional information concerning:

- Privacy Notice
- Genetic Information Nondiscrimination Act
- Mental Health Parity and Addition Equity Act
- Women's Health and Cancer Rights Act Newborn and Mother's Protection Act
- Uniformed Services Employment and Reemployment Rights Act

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is "balance billing" (sometimes called "surprise billing")? When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care — like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

Your Rights and Protections Against Surprise Medical Bills (Continued)

You're protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount, such as copayments, coinsurance, and deductibles. You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have these protections:

You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.

Generally, your health plan must:

- Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
- Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you think you've been wrongly billed, contact the Administrative Procedure Division of the Office of Insurance and Fire Safety Commissioner at **404.463.0240** or **AdminProc@oci.ga.gov**.

Visit **CMS.gov/NoSurprises/consumers** for more information about your rights under federal law.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Gwinnett County may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) a health coach in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separately from your personnel records. Information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Gwinnett County Benefits at **770.822.7915**.

Contact Information

Human Resources	
Department of Human Resources	770.822.7915
Department of Human Resources – Benefits Division	770.822.7915 Office 770.822.7775 Fax Benefits@GwinnettCounty.com
Benefits	
Tori Burkholder	Deputy Director – Total Rewards
Karissa Calvert	Division Director – Benefits
Connor Bailey	HR Section Manager – Benefits Administration
Carol Vermilya	HR Section Manager - Retirement
Tim Lao	HR Section Manager - Wellness
Christopher Echols	HR Program Coordinator
Eugina Starks	HR Program Coordinator
Jody Currie	HR Associate III - Wellness
Cassie McBee	HR Associate III - Retirement
Chasidy Rogers	HR Associate III - Benefits
Sara Lamb	HR Associate III - Retirement
Robert Queen	HR Specialist - Retirement
Morgan Braswell	HR Specialist - Benefits
Other Contacts	
Angel Mario Voya Financial	770.822.7874 Angel.Mario@voya.com
Wendy Moy Voya Financial	770.822.7782 Wendy.Moy@Voya.com
Dani Russell Wellness Coach – Registered Dietitian	678.377.4080 Dani.Russell@CrossverHealth.com
Laura Beck Onsite EAP Counselor	855.330.2962 GuidanceResources.com

Contact Information

Company	Plan Type	Group Number	Address	Customer Service Number	Website
Aetna	Traditional PPO, POS II Plans	737528	P.O. Box 14079 Lexington, KY 40512-4079	855.281.8858	Aetna.com
Humana Medicare Advantage	PPO Plan	323397-001	500 West Main Street Louisville, KY 40202	866.396.8810	Humana.com
CIGNA Dental	Dental PPO Plans	3212404	P.O. Box 188037 Chattanooga, TN 37422-8037	800.244.6224	Cigna.com
CIGNA Dental	Dental HMO Plan	10141213	N/A – No claims filed for HMO	800.244.6224	Cigna.com
ComPsych	Employee Assistance Program	N/A	N/A	866.365.0817	GuidanceResources.com
Crossover Health	Wellness Center		750 S Perry Street, Second Floor Lawrenceville, GA	678.377.4080	CrossoverHealth.com/Gwinnett
Kaiser Permanente	HMO Plans	9284	Nine Piedmont Center Building 10, third floor 3495 Piedmont Road NE Atlanta, GA 30305-1736	404.760.3549 888.865.5813	KP.org
Vision Service Plan (VSP)	Vision Plan	12-320640	Out of Network Claims Only P.O. Box 385018 Birmingham, AL 35238-5018	800.877.7195	VSP.com
Voya Financial	Retirement Admin 401a, 457	N/A	230 Park Avenue New York, NY 10169	855.492.1818	Voya.com



Gwinnett Human Resources
75 Langley Drive
Lawrenceville, GA 30046
GwinnettCounty.com
Benefits@GwinnettCounty.com
770.822.7915



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