



2025  
**Retiree Benefits  
Enrollment Guide**



# Benefits Selection Checklist

## Log on to GC Retiree

- Log on to **GwinnettCounty.com**
- Select Login in the upper right corner of the screen
- Click on the GC Retiree banner
- Scroll down and click on *My GCHub Login* (formerly ESS)
- Enter your username and password (if you are unable to log in, call **770.822.7915**)
- Verify your address, phone number, and email address
- Verify your dependents
- Select your 2025 Benefits Enrollment
- Print your benefits confirmation statement

## Benefits and Retirement Contact Information

| Contact                    | Phone number          | Website                      |
|----------------------------|-----------------------|------------------------------|
| <b>Retirement</b>          |                       |                              |
| <b>Transamerica</b>        | 888.976.8196          | Transamerica.com             |
| <b>Voya</b>                | 855.492.1818          | GCRetire.com                 |
| <b>401h REHN</b>           | 800.872.8979 Ext. 779 | CDH.REHNOnline.com           |
| <b>Medical Plans</b>       |                       |                              |
| <b>Humana</b>              | 866.396.8810          | Humana.com                   |
| <b>Aetna</b>               | 866.307.6077          | Aetna.com                    |
| <b>Kaiser</b>              | 404.760.3549          | KP.org                       |
| <b>Dental &amp; Vision</b> |                       |                              |
| <b>Cigna Dental</b>        | 800.244.6224          | Cigna.com                    |
| <b>VSP Vision</b>          | 800.877.7195          | VSP.com                      |
| <b>Gwinnett</b>            |                       |                              |
| <b>Retirement Team</b>     | 770.822.7915          | GC-Retire@GwinnettCounty.com |

For detailed information,  
see the **2025 Retiree Benefits Book**.

# Pre-Medicare Plans



|   | Max Choice Bronze    | Max Choice Silver    | Max Choice Gold      | Traditional PPO      |
|---|----------------------|----------------------|----------------------|----------------------|
| <b>Deductible (Individual/Family)</b>   | \$3,900/\$7,800      | \$2,350/\$4,700      | \$1,650/\$3,300      | \$1,600/\$3,200      |
| <b>Doctor Office Visit</b>  | 30% after deductible | 30% after deductible | 15% after deductible | \$50 copay           |
| <b>Specialist Office Visit</b>  | 30% after deductible | 30% after deductible | 15% after deductible | \$75 Copay           |
| <b>Coinsurance (How much you pay)</b>   | 30% after deductible | 30% after deductible | 15% after deductible | 30% after deductible |
| <b>Out-of-Pocket Max (Individual/Family)</b>  | \$6,900/\$13,800     | \$4,900/\$9,800      | \$2,800/\$5,600      | \$4,200/\$8,400      |
| <b>Inpatient Hospital</b>   | 30% after deductible | 30% after deductible | 15% after deductible | 30% after deductible |
| <b>Emergency Care</b>   | 30% after deductible | 30% after deductible | 15% after deductible | 30% after deductible |
| <b>Preventive Care</b>  | 0%                   | 0%                   | 0%                   | 0%                   |
| <b>Prescription Drug Coverage</b>   |                      |                      |                      |                      |
| <b>Generic (Retail/Mail Order – up to 90 days)</b>  | 30% after deductible | 30% after deductible | 15% after deductible | \$20/\$40 copay      |
| <b>Preferred Brand (Retail/Mail Order – up to 90 days)</b>                                  | 30% after deductible | 30% after deductible | 15% after deductible | \$50/\$100 copay     |
| <b>Non-Preferred Brand (Retail/Mail Order – up to 90 days)</b>                              | 30% after deductible | 30% after deductible | 15% after deductible | \$75/\$150 copay     |
| <b>Monthly Pre-Medicare Rates</b>   |                      |                      |                      |                      |
| <b>Retiree Only</b>   | \$212.94             | \$395.82             | \$595.23             | \$638.22             |
| <b>Retiree + Spouse</b>   | \$425.88             | \$791.65             | \$1,190.48           | \$1,531.25           |
| <b>Retiree + Children</b>   | \$437.48             | \$684.38             | \$953.56             | \$1,492.35           |
| <b>Retiree + Family</b>   | \$650.41             | \$1,080.20           | \$1,548.80           | \$1,552.20           |
| <b>Monthly Blended Rates</b>  |                      |                      |                      |                      |
| Blended rates are based on one or more persons covered on the plan being Medicare eligible. |                      |                      |                      |                      |
| <b>Retiree + Spouse (1 Medicare)</b>  | \$303.37             | \$486.25             | \$866.66             | \$1,045.01           |
| <b>Retiree + Children (1 Medicare)</b>  | \$314.97             | \$378.99             | \$819.60             | \$786.38             |
| <b>Retiree + Family (1 Medicare)</b>  | \$527.91             | \$774.81             | \$1,043.99           | \$1,067.34           |
| <b>Retiree + Family (2 Medicare)</b>  | \$405.40             | \$469.42             | \$539.19             | \$504.29             |

\*Plan details listed are for in-network providers only.

\*\*If you cancel/decline coverage you may not be eligible to re-enroll.

# Pre-Medicare Plans



|   | HMO Silver           | HMO Gold             |
|---|----------------------|----------------------|
| <b>Deductible (Individual/Family)</b>   | \$2,150/\$4,300      | \$1,200/\$2,400      |
| <b>Doctor Office Visit</b>  | \$65 copay           | \$35 copay           |
| <b>Specialist Office Visit</b>  | \$85 copay           | \$55 copay           |
| <b>Coinsurance (How much you pay)</b>   | 30% after deductible | 20% after deductible |
| <b>Out-of-Pocket Max (Individual/Family)</b>  | \$6,100/\$12,200     | \$3,700/\$7,400      |
| <b>Inpatient Hospital</b>   | 30% after deductible | 20% after deductible |
| <b>Emergency Care</b>   | 30% after deductible | 20% after deductible |
| <b>Preventive Care</b>  | 0%                   | 0%                   |
| <b>Prescription Drug Coverage</b>   |                      |                      |
| <b>Generic<br/>(Retail/Mail Order – up to 90 days)</b>                                      | \$30/\$60 copay      | \$10/\$20 copay      |
| <b>Preferred Brand<br/>(Retail/Mail Order – up to 90 days)</b>                              | \$70/\$140 copay     | \$40/\$80 copay      |
| <b>Non-Preferred Brand<br/>(Retail/Mail Order – up to 90 days)</b>                          | N/A                  | N/A                  |
| <b>Monthly Pre-Medicare Rates</b>   |                      |                      |
| <b>Retiree Only</b>   | \$344.85             | \$536.95             |
| <b>Retiree + Spouse</b>   | \$689.70             | \$1,073.93           |
| <b>Retiree + Children</b>   | \$615.52             | \$944.06             |
| <b>Retiree + Family</b>   | \$960.38             | \$1,411.86           |
| <b>Monthly Blended Rates</b>  |                      |                      |
| Blended rates are based on one or more persons covered on the plan being Medicare eligible. |                      |                      |
| <b>Retiree + Spouse (1 Medicare)</b>  | \$435.28             | \$651.08             |
| <b>Retiree + Children (1 Medicare)</b>  | \$383.01             | \$606.88             |
| <b>Retiree + Family (1 Medicare)</b>  | \$705.95             | \$965.32             |
| <b>Retiree + Family (2 Medicare)</b>  | \$451.53             | \$518.80             |

\*Plan details listed are for in-network providers only.

\*\*If you cancel/decline coverage you may not be eligible to re-enroll.

# Medicare-Eligible Plans



| Humana Medicare Advantage                   |                |
|---|----------------|
| Deductible (Individual)                     | \$150          |
| Doctor Office Visit                         | \$15           |
| Specialist Visit                            | \$30           |
| Ambulance Services                          | \$75           |
| Out-of-Pocket Max (Individual)              | \$3,400        |
| Inpatient Hospital                          | \$500 per stay |
| Emergency Care                              | \$50           |
| Preventive Care                             | \$0            |
| Prescription Drug Coverage                  |                |
| Generic (Retail/Mail Order — up to 90 days) | \$10/\$15      |
| Preferred Brand (30 day/90 day)             | \$30/\$75      |
| Non-Preferred Brand (30 day/90 day)         | \$60/\$150     |
| Monthly Rates                               |                |
| Retiree Only                                | \$90.43        |
| Retiree + Spouse (both >65)                 | \$275.07       |

**Important Notice:** You are required to apply for Medicare 90 days prior to the date you or your covered dependent becomes Medicare eligible. Generally your coverage starts the first of your birthday month. After you receive your Medicare card, also called the 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 your medical coverage.

## Wellness and Rewards Program

Go365® by Humana™ makes wellness fun and easy while helping you reach your physical and emotional goals.

### Activities include:

- Annual wellness visit
- Mammogram
- Colorectal screening
- Diabetic eye exams
- Kidney function testing
- SilverSneakers participation
- Social and educational activities

You can use the same login information from your MyHumana account to log onto **Go365.com** to learn more about activities and redeem exciting rewards. Track your activity and redeem gift cards at **MyHumana.com** or by completing a paper form.

# Cigna Dental Plans

|   | Cigna DHMO  | Cigna PPO Mid-Option   | Cigna PPO High-Option                                      |
|---|---|--|--|
| Deductible (Individual/Family)                        | \$0/\$0   | \$100/\$300  | \$50/\$150   |
| Benefit Maximum                                       | N/A   | \$1,000 per person   | \$1,500 per person   |
| WellnessPlus® Progressive Maximum Benefit             | N/A   | 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<br>Year 4 & beyond: \$1,800       |
| Diagnostic/Preventive (e.g., teeth cleanings, X-rays) | For a complete list of DHMO copays, see Schedule of Benefits on GC Retiree. | No out-of-pocket cost. Expense applied to benefit maximum.   | No out-of-pocket cost. Expense applied to benefit maximum. |
| Basic Benefits (e.g., fillings, extractions)          |   | 20% after deductible   | 20% after deductible                                       |
| Major Benefits (e.g., crowns, bridges, prosthetics)   |   | 50% after deductible   | 50% after deductible                                       |
| Orthodontia (Child and adult)                         |   | Not covered  | 50% after deductible; \$2,500 lifetime maximum             |
| Monthly Premiums                                      |   |  |  |
| 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   |

Please note: The removal of bony-impacted wisdom teeth is covered under the medical plan and not the Cigna Dental plan.

# VSP® Vision Plans

|   | VSP Basic  | VSP Premier  |
|---|--|--|
| Routine Eye Exam                                      | \$10 copay   | \$15 copay   |
| Lenses (Single vision, bifocal, trifocal, lenticular) | \$10 copay   | \$15 copay   |
| Frames  | \$10 copay; \$120 allowance plus 20% off amount exceeding the allowance (Once every other calendar year) | \$15 copay; \$150 allowance plus 20% off amount exceeding the allowance (Once every calendar year) |
| Contact Lenses (Once per calendar year)               | \$60 lens fitting; \$120 allowance   | \$60 lens fitting; \$150 allowance   |
| Monthly Premiums                                      |  |  |
| Retiree Only  | \$4.84   | \$10.21  |
| Retiree + Spouse                                      | \$9.88   | \$20.83  |
| Retiree + Children                                    | \$10.22  | \$21.53  |
| Retiree + Family                                      | \$16.32  | \$34.42  |

# Employee Wellness Center

## Pre-Medicare Retirees

### Crossover Health

The Gwinnett Employee Wellness Center has always been a convenient and cost-effective healthcare option for pre-Medicare members and dependents. We've teamed up with Crossover Health to bring you and your family new improved healthcare services. The Crossover Health physicians aim to create a personalized provider relationship, giving you additional time to discuss your healthcare 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 healthcare option for your entire family.

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## Mental Health Resources

### Retired Employees

#### Guidance Resources with ComPsych

Gwinnett's confidential Employee Assistance Program, or EAP, offers mental health and work-life services. Retirees and anyone in their household are eligible for four free visits per issue per year. Powered by ComPsych®, GuidanceResources® provides available 24/7 support, resources, and information to help 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](http://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.

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### Aetna Members

#### AbleTo

AbleTo provides employees and their dependents 18 and over with one-on-one therapy and coaching. Log into your account at [Aetna.com](http://Aetna.com) to get started.

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### Kaiser Permanente Members

#### Headspace

Headspace helps members cope with some of life's most common challenges. You can use Headspace for 90 days per year at no cost. To sign up, log into your Kaiser account at [KP.org/GwinnettCounty.com](http://KP.org/GwinnettCounty.com).

#### LifeStance

LifeStance is available to employees and their covered dependents. It has psychiatrists, psychologists, and licensed therapists that use supported practices to tailor care to fit your needs.

Visit [LifeStance.com/Kaiser-GA](http://LifeStance.com/Kaiser-GA) or call **980.766.1807** to find a provider and start treatment.

#### SonderMind

SonderMind is available to employees and their covered dependents. It has appointments seven days a week, online and in-person. Visit [SonderMind.com/Insurance/Kaiser-Permanente](http://SonderMind.com/Insurance/Kaiser-Permanente) to sign up or call **844.843.7279** for more information.

## Georgia Helplines

### **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** 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.