

Employee Enrollment Guide

• ACTIVE EMPLOYEES



gwinnettcounty
2015

A word cloud featuring various organizational departments and roles. The words are arranged in a roughly rectangular shape, with some larger and more prominent than others. The colors of the words include blue, red, green, orange, purple, and dark blue. The background is white with orange borders at the top and bottom.

retirees
support services
benefits
corrections
fire & emergency services
planning & development
community services
law
finance
police
information technology
savings
tax commissioner
health
solicitor
district attorney
board of commissioners
courts
employees
wellness
county administration
human resources
water resources
sheriff

gwinnettcounty
Board of Commissioners
2015 Active Employee Benefit Plans

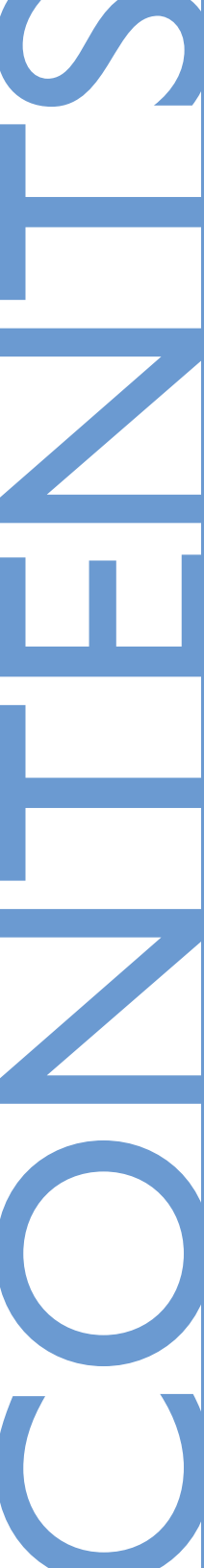
This book provides, in summary, 2015 benefit options available to Gwinnett County employees who are eligible to participate in Gwinnett County Employee Benefit Plans.

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 premiums listed in this book are in effect as of January 1, 2015, and are not guaranteed to remain the same in future years.

If you want to enroll an eligible dependent who is not currently enrolled in your benefit plans, you must provide the documentation described in the *Health Plan Eligibility Information* section of this book by the date specified.

Please note: Please note: Fraudulent statements on benefit application forms, or through website Employee Self-Service (ESS) enrollment, are cause for disciplinary action up to and including termination of employment with Gwinnett County and/or premium reimbursement to Gwinnett County.



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Health Plan Eligibility Information



Medical Levels of Coverage – Active Employees

- Employee Only No dependent coverage
- Employee + Spouse No dependent children
- Employee + Child(ren) Employee + one or more children, no spouse
- Family Coverage for employee, spouse, and one or more children

Coverage for the employee

This document describes the benefits the employee may receive under health plans offered by Gwinnett County. The employee is also called the participant. Eligible participants include employees of the Gwinnett County Board of Commissioners, elected officials and their employees, who work on a permanent full-time basis, permanent part-time basis working at least 30 hours per week, and limited-term full-time employees. Eligible participants also include employees retired from Gwinnett County who elect to continue health, dental, and vision coverage at retiree rates. Employees approved for a medical disability while employed by Gwinnett County are eligible to continue health, dental, or vision benefits for a maximum of two years. Benefits can continue past two years if the disability is total and permanent, as defined by the Social Security Administration, and if the employee is receiving approved disability benefits provided by Gwinnett County. Refer to CA OPEB policy for additional details concerning benefit eligibility.

Coverage for employees who change from part-time to full-time

An employee who transitions from part-time (working less than 30 hours per week) to full-time will become eligible for benefits. If the employee elects coverage under medical, dental, and/or vision plans, coverage will be effective the first of the month following his or her status change.

Coverage for the employee's dependents

If the employee is covered by the Gwinnett County health plans, his/her eligible dependents may also enroll. Eligible dependents are also called participants. The Gwinnett County Department of Human Resources will verify all employee and dependent eligibility.

All newly hired employees, rehired employees, employees adding dependents during annual open enrollment, or employees adding dependents as a result of a qualified Life Status Change will be required to substantiate the eligibility of all dependents who are to be enrolled in the Gwinnett County benefit plans for medical, dental, dependent life, and/or vision. Gwinnett County's eligibility requirements are included in this book. If documentation for your dependents is not received and validated by the date specified, your level of coverage for elected benefits will be "employee only" as of your effective date.

For a list of the identity documentation required for each potentially benefit-eligible dependent (spouse, child, or stepchild) refer to the Summary Plan Description (SPD) located on *GC Workplace*.

Employee procedures for submission of documentation

Upon final completion of the website enrollment process, the employee should print and review a confirmation statement to ensure accuracy

of the enrollment. Supporting documentation must be received by the Department of Human Resources 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 hire, and documents must be received in the Department of Human Resources within the latter of 38 days of hire or the date the benefits will become effective for the employee.

Document review procedures

Upon receipt, documents will be reviewed within five business days by designated 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 employee. If the documentation leads to the conclusion that a dependent is ineligible for benefits, a Department of Human Resources staff member will request authorization from the health plans manager to deny enrollment of the dependent. All medical, dental, dependent life, and/or vision coverage for dependents ruled ineligible will be suspended until an appeal is processed and approved.

Immediately upon denial of a dependent's eligibility, a letter will be mailed to the home address of the employee. The letter will explain the reasons for the denial and offer an opportunity for the employee to appeal the decision by submitting specified additional documentation within 30 days of the date of the letter.

When all dependents of an employee have been validated, the documentation will not be retained. Documentation for invalidated dependent(s) will be retained.

New hires

Online enrollment through ESS must be completed within 30 days of the date of hire. Instructions for enrolling will be provided during New Hire Orientation. Assistance or additional information may be obtained from

the Department of Human Resources. Coverage will be effective on the first day of the month following one full calendar month of employment. If an employee intends to waive coverage for any or all of the offered benefits, he/she must still complete the Web enrollment process, indicating that he/she is waiving benefits. If the employee or his/her dependents are not enrolled when first eligible, they will not be eligible to apply for benefits until the next open enrollment period for benefits effective January 1 of the following year, unless a qualified Life Status Change occurs. For details of life status change, refer to the Gwinnett County SPD located on GC Workplace.

Summary of 2015 Benefit Changes

Medical Insurance

Aetna Silver and Gold Maximum Choice HSA plans
Please refer to the medical benefit summaries on page 8 for complete details.

Dental Insurance

No change in benefits. 2015 premium rates increased slightly.

Vision Insurance

No change in benefits.

Disability Insurance

No changes, but individuals may see an increase based on increases in salary and/or age.

Life Insurance

No changes; Optional Life Insurance premiums will increase with increases in salary and/or age.

Shallbee Flexible Spending Accounts (FSA)

New vendor and benefit name changed to Shallbee FSA Health and/or Dependent care

Shallbee Health Savings Account (HSA)

Only available with Aetna Gold and Silver Health Plan
New vendor and plan design change.

Maximum contribution amounts increased:

- Single Coverage – Maximum contribution per year: \$3,350
- Family Coverage – Maximum contribution per year: \$6,650
- Catch-Up Contribution for participants over 55 remains \$1,000

Employer-based contributions can be earned based on Health and Wellness Program participation. Please refer to the Health and Wellness Program Summary on page 13 for more information.

Shallbee Health Reimbursement Account (HRA)

Only available with Kaiser Gold and Silver Health Plans

Employer based contributions can be earned based on Health and Wellness Program participation. Please refer to the Health and Wellness Program Summary on page 13 for more information.

Supplemental Benefits — Allstate

Annual enrollment for Allstate plans. Evidence of Insurability may apply:

- Accident Insurance
- Critical Illness Insurance
- Universal Life Insurance with Long-Term Care Rider.

In 2015, Gwinnett County will provide active employees and their dependents who enroll in a medical plan Hospital Indemnity Insurance.

Please refer to *GC Workplace* for Allstate plans information.

2015 Benefit Plans

Kaiser Permanente Gold and Silver HMO Plans
Aetna Gold and Silver Maximum Choice HSA Plans
Shallbee Health Savings Account
Shallbee Health Reimbursement Account
Shallbee Flexible Spending Health and Dependent Care Accounts
Dental Plan Options
Vision Plan Options
Short-Term and Long-Term Disability
Basic and Optional Life Insurance
Employee Wellness Program (2015 text included in this document)

Kaiser HMO

What's Covered	Cost to You	
	Silver HMO	Gold HMO
Annual Deductible	\$1,600 per person \$3,200 per family	\$900 per person \$1,800 per family
Out-of-Pocket Maximum Deductible, coinsurance, and copay accumulate toward the Out-of-Pocket Maximum	\$5,000 per person \$10,000 per family	\$3,000 per person \$6,000 per family
Primary Care Office Visit	\$50 copay	\$30 copay
Preventive Care <i>Affordable Care Act</i> Guidelines Other	No cost Varies, based on type and place of service	No cost Varies, based on type and place of service
Specialty Care Office Visit	\$70 copay	\$50 copay
Emergency Care Primary Care Office Visit Urgent Care Facility Ambulance Hospital Emergency Room	\$50 copay \$70 copay \$100 copay per trip 30% coinsurance after deductible	\$30 copay \$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 outpatient	No cost with office visit; 20% coinsurance outpatient

Kaiser HMO (cont'd)

What's Covered	Cost to You	
	Silver HMO	Gold HMO
Outpatient Visit Mental Health and Chemical Dependency	\$50 copay	\$30 copay
Rehabilitation Physical Therapy (PT) Occupational Therapy (OT) <i>(PT and OT: combined 20 visit limit per calendar year)</i> Speech Therapy (ST): <i>(20 visit limit per calendar year)</i>	30% coinsurance after deductible	20% coinsurance after deductible
Chiropractic Visit <i>(30 visit limit per calendar year)</i>	\$70 copay	\$50 copay
Maternity Services Specialty Office Visit Pre and Post Maternity Care Delivery and Hospital Care	\$70 copay 30% coinsurance after deductible	\$50 copay 20% coinsurance after deductible
Family Planning Specialty Office Visit Diagnostic Infertility Services <i>(to diagnose condition)</i> <i>(Artificial Insemination and In-Vitro Fertilization are not covered)</i>	\$70 copay 30% coinsurance after deductible	\$50 copay 20% coinsurance after deductible
Skilled Nursing Facility <i>(60-day limit per calendar year)</i>	30% coinsurance after deductible	20% coinsurance after deductible
Home Health Care <i>(1 20-day limit per calendar year)</i>	30% coinsurance after deductible	20% coinsurance after deductible

Kaiser HMO (cont'd)

What's Covered	Cost to You	
	Silver HMO	Gold HMO
Hospice Care	0% coinsurance, no deductible	0% coinsurance, no deductible
Vision Exam <i>(no optical hardware benefit)</i>	\$70 copay	\$50 copay
Hearing Aids: <i>(every 3 years)</i>	\$1,000 maximum benefit	\$1,000 maximum benefit
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 www.kp.org.</i>	None \$15 copay \$55 copay \$30 copay \$110 copay	None \$5 copay \$35 copay \$10 copay \$70 copay

Hospital Indemnity Benefit (through Allstate)	
<p>Your enrollment in a Kaiser plan includes a Hospital Indemnity benefit for you and your medically enrolled family members. The policy will provide a benefit for covered inpatient hospital care during the calendar year. You must file a claim with Allstate to receive the hospital benefit.</p>	
First day hospital confinement benefit (once a year)	\$1,100
Daily hospital confinement benefit (10 day max per year) ¹	\$100
Hospital intensive care benefit (10 day max per year) ²	\$100
¹ paid for continuous confinement after first day ² if applicable, paid in addition to daily benefit after first day	

Kaiser HMO (cont'd)

Health Reimbursement Account (through Connect Your Care)

When you enroll in a Kaiser medical plan, you will be eligible to participate in a Health Reimbursement Account (HRA). An HRA can be used to pay for eligible health plan expenses you incur. You cannot make contributions to this account – only the County can. You can earn HRA funds up to \$750 for individual coverage and \$1,500 for spouse coverage if you opt-in to the Gwinnett Wellness Program and complete certain tasks. Kaiser Silver and Gold HMO participants can also enroll in a Health Care FSA.

- Withdrawals to pay eligible health care expenses are not taxable
- Unused HRA balances roll over from year-to-year

Kaiser Silver HMO (Bi-Weekly Employee Premium)	Wellness Opt-In Tobacco Free	Wellness Opt-In Tobacco Use	Wellness Opt- Out Tobacco Free	Wellness Opt-Out Tobacco Use
Employee Only	\$3.23	\$30.92	\$30.92	\$58.62
Employee + Spouse	\$6.46	\$34.15	\$34.15	\$61.85
Employee + Child(ren)	\$5.49	\$33.18	\$33.18	\$60.88
Employee + Family	\$8.88	\$36.58	\$36.58	\$64.27
Kaiser Gold HMO (Bi-Weekly Employee Premium)				
Employee Only	\$25.29	\$52.98	\$52.98	\$80.68
Employee + Spouse	\$50.59	\$78.28	\$78.28	\$105.97
Employee + Child(ren)	\$43.00	\$70.69	\$70.69	\$98.39
Employee + Family	\$69.56	\$97.25	\$97.25	\$124.94
Kaiser Silver HMO (Monthly Employee Premium)				
Employee Only	\$7.00	\$67.00	\$67.00	\$127.00
Employee + Spouse	\$14.00	\$74.00	\$74.00	\$134.00
Employee + Child(ren)	\$11.90	\$71.90	\$71.90	\$131.90
Employee + Family	\$19.25	\$79.25	\$79.25	\$139.25
Kaiser Gold HMO (Monthly Employee Premium)				
Employee Only	\$54.80	\$114.80	\$114.80	\$174.80
Employee + Spouse	\$109.61	\$169.61	\$169.61	\$229.61
Employee + Child(ren)	\$93.17	\$153.17	\$153.17	\$213.17
Employee + Family	\$150.71	\$210.71	\$210.71	\$270.71

Aetna Gold and Silver High-Deductible Health Plans

What's Covered	Aetna Silver Max Choice HSA Aetna Network:Aetna Choice POS II (Open Access)		Aetna Gold Max Choice HSA Aetna Network:Aetna Choice POS II (Open Access)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	\$1,800 per individual \$3,600 per family	\$3,600 per individual \$7,200 per family	\$1,300 per individual \$2,600 per family	\$2,600 per individual \$5,200 per family
Out-of-Pocket Maximum Deductible, coinsurance and copay accumulate toward the out-of-pocket maximum	\$3,750 per individual \$7,500 per family	\$7,500 per individual \$15,000 per family	\$2,000 per individual \$4,000 per family	\$4,000 per individual \$8,000 per family
Primary Care Office Visit	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
Preventive Care <i>Affordable Care Act Guidelines</i> Other	No cost 30% coinsurance after deductible	50% coinsurance after deductible	No cost 15% coinsurance after deductible	50% coinsurance after deductible
Specialty Care Office Visit	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
Emergency Care Primary Care Office Visit Urgent Care Facility Ambulance	30% coinsurance after deductible	50% coinsurance after deductible	30% coinsurance after deductible	50% coinsurance after deductible
Hospital Emergency Room (True Emergency)	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	15% coinsurance after deductible	50% coinsurance after deductible
Inpatient/Outpatient Surgery	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible

Aetna Gold and Silver High-Deductible Health Plans

What's Covered	Aetna Silver Max Choice HSA Aetna Network:Aetna Choice POS II (Open Access)		Aetna Gold Max Choice HSA Aetna Network:Aetna Choice POS II (Open Access)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Lab and Imaging Inpatient and Outpatient Lab, Diagnostic Clinic, or Facility	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	15% coinsurance after deductible	50% coinsurance after deductible
Rehabilitation Physical Therapy/Occupational Therapy/Speech Therapy PT, OT, and ST: <i>(combined 30 visit limit per calendar year)</i>	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
Chiropractic Visit/Spinal Manipulation <i>(30 per calendar year)</i>	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	15% coinsurance after deductible	50% coinsurance after deductible
Family Planning Specialty Office Visit Diagnostic Infertility Services <i>(to diagnose condition)</i> <i>(Artificial Insemination and In-Vitro Fertilization are not covered)</i>	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
Skilled Nursing Facility <i>(Annual Maximum: 30 days combined in or out-of-network)</i>	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible

Aetna Gold and Silver High-Deductible Health Plans

What's Covered	Aetna Silver Max Choice HSA Aetna Network: Aetna Choice POS II (Open Access)		Aetna Gold Max Choice HSA Aetna Network: Aetna Choice POS II (Open Access)	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Home Health Care <i>(Annual Maximum: 120 days combined in or out-of-network)</i>	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
Hospice Care	0% coinsurance, no deductible	0% coinsurance, no deductible	0% coinsurance, no deductible	0% coinsurance, no deductible
Vision Exam <i>(no optical hardware benefit)</i>	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
Hearing Aids <i>(one per ear, every 3 years)</i>	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	15% coinsurance after deductible	50% coinsurance after deductible
Prescription Drugs				
Pharmacy Deductible Retail <i>(up to 30 days)</i>	None		None	
Generic	30% coinsurance after deductible		15% coinsurance after deductible	
Preferred Brand				
Non-preferred Brand				
Mail Order <i>(up to 90 days)</i>				
Generic	30% coinsurance after deductible		15% coinsurance after deductible	
Preferred Brand				
Non-preferred Brand				

Drug must be on Aetna formulary to be covered unless medical exception is approved. View Aetna formulary at www.aetna.com.

Aetna Gold and Silver High-Deductible Health Plans

Hospital Indemnity Benefit (through Allstate)

Your enrollment in an Aetna plan includes a Hospital Indemnity benefit for you and your medically enrolled family members. The policy will provide a benefit for covered inpatient hospital care during the calendar year. You must file a claim with Allstate to receive the hospital benefit.

First day hospital confinement benefit (once a year)	\$1,100
Daily hospital confinement benefit (10 day max per year) ¹	\$100
Hospital intensive care benefit (10 day max per year) ²	\$100
¹ paid for continuous confinement after first day	
² if applicable, paid in addition to daily benefit after first day	

Health Savings Account (through Connect Your Care)

When you enroll in an Aetna medical plan, you will be eligible to participate in a Health Savings Account (HSA). An HSA can be used to pay for eligible health plan expenses you incur. Your contributions are made on a pre-tax basis. You can earn HSA funds up to \$750 for individual coverage and \$1,500 for spouse coverage if you opt-in to the Gwinnett Wellness Program and complete certain tasks. Due to tax regulations, Health Care FSA is not available to Aetna Silver and Gold HSA Plan participants.

Maximum HSA Contributions for 2015

Individual / plus Age 55+ Contribution	\$3,350 / \$1,000
Family / plus Age 55+ Contribution	\$6,650 / \$1,000
<ul style="list-style-type: none"> - Your contributions to the HSA are made on a pre-tax basis - Withdrawals to pay eligible health care expenses are not taxable - Unused HSA balance rollover from year-to-year 	

Aetna Gold and Silver High-Deductible Health Plans

Aetna Silver Max Choice HSA (Bi-Weekly Employee Premium)	Wellness Opt-In Tobacco Free	Wellness Opt-In Tobacco Use	Wellness Opt-Out Tobacco Free	Wellness Opt-Out Tobacco Use
Employee Only	\$10.28	\$37.97	\$37.97	\$65.66
Employee + Spouse	\$20.55	\$48.24	\$48.24	\$75.94
Employee + Child(ren)	\$17.47	\$45.16	\$45.16	\$72.85
Employee + Family	\$28.26	\$55.95	\$55.95	\$83.64
Aetna Gold Max Choice HSA (Bi-Weekly Employee Premium)				
Employee Only	\$33.14	\$60.84	\$60.84	\$88.53
Employee + Spouse	\$66.28	\$93.97	\$93.97	\$121.67
Employee + Child(ren)	\$56.34	\$84.03	\$84.03	\$111.72
Employee + Family	\$91.14	\$118.83	\$118.83	\$146.52
Aetna Silver Max Choice HSA (Monthly Employee Premium)				
Employee Only	\$22.27	\$82.27	\$82.27	\$142.27
Employee + Spouse	\$44.53	\$104.53	\$104.53	\$164.53
Employee + Child(ren)	\$37.85	\$97.85	\$97.85	\$157.85
Employee + Family	\$61.23	\$121.23	\$121.23	\$181.23
Aetna Gold Max Choice HSA (Monthly Employee Premium)				
Employee Only	\$71.81	\$131.81	\$131.81	\$191.81
Employee + Spouse	\$143.61	\$203.61	\$203.61	\$263.61
Employee + Child(ren)	\$122.07	\$182.07	\$182.07	\$242.07
Employee + Family	\$197.47	\$257.47	\$257.47	\$317.47

Shallbee Health Savings Account (HSA) Health Reimbursement Account (HRA)

A Health Savings Account (HSA) is a tax-exempt trust, or custodial account, established exclusively for the purpose of paying qualified medical expenses on behalf of the account beneficiary, spouse, or dependents covered by a qualified High-Deductible Health Plan. HSA funds can only be used for qualified expenses incurred by the employee and those must meet the IRS definition of “dependent.”

Key features of Health Savings Account

- Amount funded by Gwinnett County available after employee's first paycheck in 2015
- Debit card access
- Checkbook available
- Portable funds
- Funds carry over from one calendar year to the next
- No limit on annual carryover amount

Expenses covered by HSA funds are determined by Internal Revenue Code 213(d).

Shallbee Health Reimbursement Account (HRA) (Details)

Key features of Health Reimbursement Account

- Amount funded by Gwinnett County available on the first paycheck in 2015
- Debit card access
- Funds carry over from one calendar year to the next
- No limit on annual carryover amount

Shalbee Flexible Spending Health and Dependent Care Accounts

Flexible Spending Accounts

Health Care Accounts and Dependent Day Care Accounts are available.

A Flexible Spending Account (FSA) allows you to put aside money on a pre-tax basis. Money for your FSA is deducted prior to the calculation of federal, state, and Social Security taxes.

Due to tax regulations, Health Care FSA is not available to Aetna Gold and Silver high-deductible plan participants

Eligible expenses include:

- Your out-of-pocket medical expenses (i.e., co-pays, deductibles, co-insurance)
- Covered dental care expense
- Covered vision care expense
- Hearing aids and examinations

A complete list of covered expenses is available at www.ConnectYourCare.com

In 2015, a maximum of \$2,500 per year can be deposited into a Health Care FSA.

Dependent Day Care FSA

Eligible expenses include dependent day care expenses for children or other dependents, provided they can be claimed as dependents on your tax return. In 2015, a maximum of \$5,000 per year can be put into a Dependent Day Care FSA.

Use your **Shalbee FSA Dependent Day Care Account** to pay for qualified expenses.

Note: Flexible Savings Account elections do not carry over from year to year. You must actively enroll annually to participate. You must enter an annual amount on Employee Self-Service (ESS) in order to participate in an FSA. Funds that are not used for expenses incurred during 2015 will be forfeited.

2015 Dental Plans

CIGNA Dental

What's Covered	Cost to You		
	HMO – CIGNA DHMO	PPO Mid-Option	PPO High-Option
Annual Deductible(s)	None	\$100 per person \$300 per family	\$50 per person \$150 per family
Annual Benefit Maximum	None	\$1,000 per person	\$1,500 per person
Diagnostic and Preventive Oral Exams Teeth Cleaning X-rays Maximum of two visits per calendar year	Refer to 2015 Benefit Schedule	PPO Dentist: \$0 Non-PPO Dentist: 0% of UCR	PPO Dentist: \$0 Non-PPO Dentist: 0% of UCR
Basic Benefits Fillings Oral Surgery – Extractions	Refer to 2015 Benefit Schedule	PPO Dentist: 20% Non-PPO Dentist: 20% of UCR*	PPO Dentist: 20% Non-PPO Dentist: 20% of UCR*
Periodontics and Endodontics Root Canals, etc.	Refer to 2015 Benefit Schedule	PPO Dentist: 50% Non-PPO Dentist: 50% of UCR*	PPO Dentist: 20% Non-PPO Dentist: 20% of UCR*
Major Benefits Crowns and Bridges Prosthetics – Dentures	Refer to 2015 Benefit Schedule	PPO Dentist: 50% Non-PPO Dentist: 50% of UCR*	PPO Dentist: 50% Non-PPO Dentist: 50% of UCR*
Orthodontic Benefits Children and Adults	Refer to 2015 Benefit Schedule	Not Covered	PPO Dentist: 50% Non-PPO Dentist: 50% of UCR
Orthodontic Lifetime Benefit Maximum	24 Month Treatment Plan	Not Applicable	\$2,500 per person

2015 Dental Plans

CIGNA Dental (con't)

What's Covered	Cost to You		
	HMO – CIGNA DHMO	PPO Mid-Option	PPO High-Option
Implants Crowns and Bridges Prosthetics – Dentures	Not Covered	Not Covered	PPO Dentist: 50% Non-PPO Dentist: 50% of UCR*
Implant Lifetime Benefit Maximum	Not Applicable	Not Applicable	\$1,500 per person

*Payable after annual deductible is met

*See Schedule of Benefits for complete list of 2015 DHMO co-pays – Available on ESS

UCR: Usual, Reasonable, and Customary (UCR) 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.

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

Bi-Weekly Premium	DHMO	PPO Mid-Option	PPO High-Option
Employee Only	\$6.68	\$15.76	\$24.47
Employee + Spouse	\$13.36	\$31.50	\$48.93
Employee + Child(ren)	\$16.70	\$39.37	\$61.16
Employee + Family	\$20.04	\$47.20	\$73.26
Monthly Premium	DHMO	PPO Mid-Option	PPO High-Option
Employee Only	\$14.48	\$34.15	\$53.01
Employee + Spouse	\$28.95	\$68.24	\$106.01
Employee + Child(ren)	\$36.19	\$85.31	\$132.51
Employee + Family	\$43.43	\$102.27	\$158.73

2015 Vision Plans

Vision Service Plan (VSP)

What's Covered	Basic Vision Plan (In-Network)	Premium Vision Plan (In-Network)	Out-of-Network
Provider	Contracted Optometrists and Ophthalmologists. Provider list is available at www.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 * <i>Frequency</i>	\$10 co-pay <i>Once per calendar year</i>	\$15 co-pay <i>Once per calendar year</i>	\$45 <i>Once per calendar year</i>
Lenses** Single Vision Bifocal Trifocal Lenticular <i>Frequency</i>	\$10 co-pay <i>Once per calendar year</i>	\$15 co-pay <i>Once per calendar year</i>	\$32 \$50 \$65 \$100
Frames <i>Frequency</i>	\$10 co-pay up to \$120 frame allowance, 20% discount on cost above frame allowance <i>Once every other calendar year</i>	\$15 co-pay up to \$150 frame allowance, 20% discount on cost above frame allowance <i>Once per calendar year</i>	\$70
Contact Lenses <i>Frequency</i>	\$60 contact fitting copay plus any cost above \$120 materials limit <i>Once per calendar year</i>	\$60 contact fitting copay plus any cost above \$150 materials limit <i>Once per 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.

2015 Vision Plans

Vision Service Plan (VSP) (con't)

Bi-Weekly Premium	Basic Vision Plan	Premium Vision Plan
Employee Only	\$2.46	\$5.18
Employee + Spouse	\$5.02	\$10.58
Employee + Child(ren)	\$5.18	\$10.93
Employee + Family	\$8.29	\$17.47
Monthly Premium	Basic Vision Plan	Premium Vision Plan
Employee Only	\$5.33	\$11.22
Employee + Spouse	\$10.88	\$22.93
Employee + Child(ren)	\$11.23	\$23.68
Employee + Family	\$17.96	\$37.86

2014 Short -Term Disability

The Hartford

Gwinnett County is offering you the opportunity to purchase Short-Term Disability (STD) benefits that can help protect your family's financial well-being. You can purchase this coverage at economical group rates and pay through the convenience of payroll deduction.

If you are an employee who has not previously had the opportunity to enroll in STD or if you want to change your current STD plan in order to shorten the waiting period for benefits (i.e., from a current waiting period of 90 days to a waiting period of 60 days), you will be required to provide evidence of insurability.

STD is an important part of your group benefits package. If you're unable to work due to illness or injury (not work related), the program offers benefits equal to 60 percent of your earnings to a maximum weekly benefit of \$1,200.

Option	Benefit
Option I	STD coverage commences on the 30th day of accident and the 30th day of sickness and is designed to continue for a period of 150 days.
Option II	STD coverage commences on the 60th day of accident and the 60th day of sickness and is designed to continue for a period of 120 days.
Option III	STD coverage commences on the 90th day of accident and the 90th day of sickness and is designed to continue for a period of 90 days.

2015 Short-Term Disability

The Hartford

Use the rate chart and calculation line below to determine your monthly cost for this coverage.*

Age	<25	25 – 29	30 – 34	35 – 39	40 – 44	45 – 49	50 – 54	55 – 59	60 – 64	>65
Option I	.220	.207	.206	.175	.159	.175	.196	.223	.249	.271
Option II	.140	.132	.132	.111	.102	.111	.125	.141	.160	.173
Option III	.138	.130	.129	.110	.100	.110	.122	.139	.156	.169

$$\begin{array}{ccccccc}
 \text{_____} & \text{divided by 52} = & \text{_____} & \times .60 = & \text{_____} & \text{divided by 10} = & \text{_____} \\
 \text{Annual} & & \text{Weekly} & & \text{Weekly} & & \text{Monthly} \\
 \text{Salary} & & \text{Salary} & & \text{Benefit} & & \text{Rate} \\
 & & & & \text{(max-\$1200)} & & \\
 & & & & & & \text{Monthly} \\
 & & & & & & \text{Cost} \\
 & & & & & & \text{(from chart)}
 \end{array}$$

*Your cost may change if your age category or salary changes within the benefits plan year.

Long-Term Disability, which begins after six months of a certified medical disability, is provided at no cost to you by Gwinnett County.

2015 Life Insurance - Basic, Optional, and Dependent Life

The Hartford

Basic life insurance coverage

Gwinnett County provides basic life insurance at no cost to you through The Hartford. The amount provided is equal to three times your annual base salary, rounded to the next \$1,000, up to a maximum of \$300,000.

Basic life insurance pays your beneficiary in the event of your death while you are covered by the policy. As an eligible employee, **you do not have to enroll in basic life insurance; you are automatically covered.**

Your beneficiary information can be changed at any time. Open Enrollment is an ideal opportunity to review the information for your life insurance and assure that the record accurately reflects your wishes for distribution of the benefit.

Optional (additional) life insurance coverage

First time eligible employees can receive up to \$250,000 in life insurance without providing evidence of insurability. After the initial eligibility period, you may increase the amount of your basic life insurance policy in increments of \$50,000, with the submission of evidence of insurability. The maximum amount you are allowed to carry is the lesser of \$500,000, or five times your annual base salary.

Your decision about enrolling in optional life insurance coverage will not impact the basic life insurance provided to you at no cost by Gwinnett County. This is simply an opportunity for you to increase the amount of the policy.

The cost of optional life insurance is included in the Premiums section of this booklet.

Dependent life insurance

You may elect to carry life insurance on your spouse and/or children. The benefit available is \$20,000 for a spouse, \$10,000 per child.

2015 Employee Health and Wellness Program

Proud to partner with you to Get Checked, Get Engaged, and Get Active on your path to a healthier, happier life

Health and Wellness Incentives

For eligible employees who enrolled in one of the Gwinnett County Gold or Silver health plans, the program offers an opportunity to earn Health and Wellness Incentives to fund your Shallbee Health Savings Account (HSA) or Shallbee Health Reimbursement Account (HRA) for participating in certain healthy activities. Details of the program are available in this booklet and on the wellness website, www.gcbewellbesafe.com.

Online Wellness Assessment and Biometric Screenings

The gateway to the Gwinnett County Employee Health and Wellness Program Incentives begins with completing an online Wellness Assessment (WA) and having a biometric (BIO) screening. A BIO screening measures your current health status and will include lab testing. In order to participate in other components of the Health and Wellness Program, eligible employees must have a current WA and BIO screening. Current is defined as once per wellness year. The WA is a personalized health assessment. It consists of results from your WA responses and BIO screening. The WA is accessible online at the Health and Wellness Program website, www.gcbewellbesafe.com. To access the WA, you must be a benefit-eligible employee. By completing your WA and BIO screening and earning 10 wellness credits in 2014, you will avoid the wellness opt-out surcharge of \$60 per month (or \$720 annual) in 2015 and you will earn an initial employer - funded contribution to your Shallbee HSA or HRA account (Get Started), depending on which medical plan you are enrolled.

- \$350 if employee only or employee+child(ren) medical coverage
- \$700 if employee+spouse or family coverage

In addition, by participating in the Health and Wellness Program, you will avoid the \$60 per month (or \$720 annual) Wellness Opt Out surcharge. Beyond the initial contribution to your HSA or HRA, additional employer contributions can be earned by participating in certain activities. Below is a chart that outlines the required activities and incentive contributions:

You must be current (within 12 months) with your Biometric Health Screening and online Wellness Assessment. Participate in two (2) Health Coaching Sessions to be eligible for the additional 2015 incentive opportunities.

Action	Task	Employee and Employee + Child(ren)	Employee and Spouse Employee and Family
Get Checked	Be current on 4 of 11 age/gender preventative care screenings and services	\$100	\$200
Get Engaged	Participate in a health improvement activity and 2 educational activities	\$150	\$300
Get Active	Complete 2 physical or fitness programs	\$150	\$300
	Total Possible Gwinnett County Shallbee Account Funding	\$750	\$1,500

2015 Employee Health and Wellness Program (con't)

Weight Management Programs Including Weight Watchers At-Work

Benefit-eligible employees can enroll in an at-work program delivered in a group format. The program focuses on healthy eating, behavior modification, and physical fitness for a balanced lifestyle approach to weight loss and continued weight management. Partial to full reimbursement is available for attending an organized, County-recognized weight loss program. Employee must complete BIO screening and online WA during the calendar year for which they are filing for reimbursement.

Fitness Reimbursements

For benefit-eligible employees, reimbursement of 50 percent of annual health club/gym membership fees, up to \$300 payable per year. Employee must complete BIO screening and online WA during the calendar year for which they are filing for reimbursement.

Therapeutic Stretching Classes

Weekly classes held before, during, and after regular business hours at GJAC are available to benefit-eligible, full-time employees. The classes focus on the benefits of stretching for flexibility and overall health. Employees must complete the BIO screening and online WA during the calendar year for which they are filing for reimbursement.

Annual Seasonal Flu Vaccines

Flu vaccines are provided annually for benefit-eligible, full-time employees, retirees, and eligible dependents.

Please refer to *GC Workplace* and *gcbewellbsafe* websites for further information about available Health and Wellness Program activities.

Financial incentives and other wellness programs currently available are subject to discontinuation at any time.



2015 Monthly Optional and Dependent Life Insurance Premiums – Active Employees

Optional Life Insurance			
Age	Monthly Rates		
	2014	2015	Difference
	Cost per \$1,000		
<25	\$0.1280	\$0.1280	\$0
25 – 29	\$0.1280	\$0.1280	\$0
30 – 34	\$0.1280	\$0.1280	\$0
35 – 39	\$0.1390	\$0.1390	\$0
40 – 44	\$0.1600	\$0.1600	\$0
45 – 49	\$0.2440	\$0.2440	\$0
50 – 54	\$0.4030	\$0.4030	\$0
55 – 59	\$0.6130	\$0.6130	\$0
60 – 64	\$1.0330	\$1.0330	\$0
65 – 69	\$1.1380	\$1.1380	\$0
70 – 74	\$2.0080	\$2.0080	\$0
75+	\$2.0080	\$2.0080	\$0

Dependent Life Insurance			
	Monthly Rates		
	2014	2015	Difference
Cost Per unit	\$3.37	\$3.37	\$0

2015 Monthly Optional and Dependent Life Insurance Premiums – Active Employees (cont'd)

Optional Life Insurance In Addition to Basic Life Insurance Provided by Gwinnett County										
Bi-Weekly Premium										
Age Group	\$50,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	\$350,000	\$400,000	\$450,000	\$500,000
<25	\$2.95	\$5.91	\$8.86	\$11.82	\$14.77	\$17.72	\$20.68	\$23.63	\$26.58	\$29.54
25 – 29	\$2.95	\$5.91	\$8.86	\$11.82	\$14.77	\$17.72	\$20.68	\$23.63	\$26.58	\$29.54
30 – 34	\$2.95	\$5.91	\$8.86	\$11.82	\$14.77	\$17.72	\$20.68	\$23.63	\$26.58	\$29.54
35 – 39	\$3.21	\$6.42	\$9.62	\$12.83	\$16.04	\$19.25	\$22.45	\$25.66	\$28.87	\$32.08
40 – 44	\$3.69	\$7.38	\$11.08	\$14.77	\$18.46	\$22.15	\$25.85	\$29.54	\$33.23	\$36.92
45 – 49	\$5.63	\$11.26	\$16.89	\$22.52	\$28.15	\$33.78	\$39.42	\$45.05	\$50.68	\$56.31
50 – 54	\$9.30	\$18.60	\$27.90	\$37.20	\$46.50	\$55.80	\$65.10	\$74.40	\$83.70	\$93.00
55 – 59	\$14.15	\$28.29	\$42.44	\$56.58	\$70.73	\$84.88	\$99.02	\$113.17	\$127.32	\$141.46
60 – 64	\$23.84	\$47.68	\$71.52	\$95.35	\$119.19	\$143.03	\$166.87	\$190.71	\$214.55	\$238.38
65 – 69	\$26.26	\$52.52	\$78.78	\$105.05	\$131.31	\$157.57	\$183.83	\$210.09	\$236.35	\$262.62
70 – 74	\$46.34	\$92.68	\$139.02	\$185.35	\$231.69	\$278.03	\$324.37	\$370.71	\$417.05	\$463.38
75+	\$46.34	\$92.68	\$139.02	\$185.35	\$231.69	\$278.03	\$324.37	\$370.71	\$417.05	\$463.38

Dependent Life Insurance	Bi-Weekly Premium	Monthly Premium
Spouse – \$20,000 Child – \$10,000	\$1.56	\$3.37

Tobacco-Free Medical Incentive Plan Rules

Purpose of Medical Incentive Plan

The intent of the Medical Incentive Plan is to encourage employees to make healthy lifestyle choices, which will contribute to healthier and more productive lives. The decision to provide medical premium reduction incentives to tobacco-free employees is based upon medical evidence which clearly indicates that the cost of medical care for non-tobacco users is lower than the cost for tobacco users, and this is consistent with industry standards.

The Medical Incentive Plan is available to all active employees enrolled in Gwinnett County health plans.

Incentive Plan – Premium reductions

Medical Incentive Health Plan options are available to employees who are tobacco-free as of their enrollment date. Premium rates will be reduced by \$60 per month during the plan year (2015).

Relevant terms

Tobacco-use medical plans: Benefit options for those who are not tobacco-free; Medical Tobacco-Use Plan premiums will apply.

Tobacco use: Examples include but are not limited to smoking of any substance, including cigarettes, clove cigarettes, pipes, or cigars; and the use of any smokeless tobacco, such as chewing tobacco or snuff.

Tobacco user: An individual who uses tobacco products more than once per month.

Tobacco-free: An individual who uses tobacco products no more than once per month.

Requirements to participate in Medical Incentive Plans

Medical incentive benefits requirements: Employee must be tobacco-free as of date of enrollment and must remain tobacco-free to retain coverage in the Medical Incentive Plan at the reduced premium rate.

For information regarding a member's eligibility to transfer to the Medical

Incentive Plan if he/she becomes tobacco-free, please contact the Benefits staff in the Department of Human Resources at 770.822.7915.

Consequences for use of tobacco products if participating in Medical Incentive Plans

If an employee uses tobacco products while participating in the Medical Incentive Plans and voluntarily reports such use to the Benefits Office:

- Coverage will be transferred to the Tobacco Use Plan; appropriate premiums will apply, beginning the first of the following month.
- Employee will not be eligible to apply for enrollment in Medical Incentive Plans again until tobacco-free for a minimum of 12 months.

If an employee uses tobacco products while participating in a Medical Incentive Plan and fails to report such use to the Benefits Office:

- Medical coverage for employee and dependents will immediately be terminated. Other disciplinary action, up to and including termination of employment with Gwinnett County, could apply.

If false statements are provided by an employee, whether in writing or during the online enrollment process:

- Medical coverage for employee and dependents will immediately be terminated; other disciplinary action, up to and including termination of employment with Gwinnett County, could apply.

Resources for Tobacco Cessation assistance

Reimbursement for two months of over-the-counter tobacco cessation aids, up to \$280 payable per year.

Employee Self-Service



Benefits elections must be updated through Employee Self-Service.

ESS Access on a Gwinnett County network computer or on your personal computer

1. Go to *www.gwinnettcountry.com*; click on *Login* in the top right corner of the page
2. Select the green login button under the *GC Workplace* logo
3. If you are accessing *GC Workplace* on your personal computer, a pop-up box will appear. Enter your network username and password. Be sure to enter the domain (GC) in front of your username.

Example: gclmjsmith

Access ESS through GC Workplace

1. Select from the list of options on the right side of the screen
2. Click on *Login*
3. The ESS log on screen will appear
4. Enter your ESS user and your ESS eight-character password (symbols not allowed)
5. Click *Logon*
6. If you need to reset your ESS password, click on *Reset Your Password*. On the next screen, enter your ESS username (Logon ID) and your Gwinnett County email address. An email will arrive within one minute containing your reset password and instructions

Important information

- ESS works best with Internet Explorer version 8 or version 9
- Disable the pop-up blocker under *Tools* on the *Internet* menu
- Elect to receive your W-2 electronically (in pop-up box) while choosing your 2015 benefits
- You must have Adobe® Reader version 10.1 (or higher), in order to display/print forms, W-2, or paycheck statement
- Benefit elections will not be saved until you go to the *Review and Finish* tab in the *Benefits Enrollment* section and click on *Submit Election* (bottom, left corner of screen)

- Print a Benefits Confirmation Statement after electing your 2015 benefits. Enter 01/01/2015 and click on *Print Form* for your 2015 Benefits Confirmation Statement

ESS procedures for active employees

Enroll in benefits*

1. Click *Benefits*
2. Click *Benefits Enrollment*
3. Click on *Enrollment Reason* (New Hire or Open Enrollment)
4. Detailed instructions with screen prints are listed under the *Guide* tab

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 the effective date
4. Click *Print Form* and an Adobe window will display the Confirmation Statement
5. Click *Print Icon* on the bottom of the last page of the Confirmation Statement

Display benefits

1. Click *Benefits*
2. Click *Participation Overview*
3. Click *Show Participation Overview* and enter the date needed

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

1. Click *General Information* and *New Hire Onboarding*
2. Click *Forms* and *Helpful Links*
3. Click on the vendor name to open the vendor link

Employee Self-Service (ESS)



Display leave balances

1. Click *Time*
2. Click *Display Leave Balance*

Display personal information

1. Click *Personal Information*
2. Select the personal data to display

Display/update your address and emergency contacts

1. Click *Personal Information*
2. Click *Address/Emergency Contacts*
3. Click on one of the addresses to create as a new entry
4. Once created, click on *Save* and *Back* or *Save*
5. To edit an address, click on the pencil to the right of the address listed
6. Once edited, click on *Save* and *Back* or *Save*

Display/update dependents*

1. Click *Benefits*
2. Select *Family Members*
3. Click on one of the family members or dependents to create a new entry
4. Once created, click on *Save* and *Back* or *Save*
5. To edit someone listed, click on the pencil to the right of the entry
6. Once edited, click on *Save* and *Back* or *Save*

Display/update life insurance beneficiaries

1. Click *Benefits*
2. Click *Benefits Enrollment*
3. Click *Beneficiary Update* and *Beneficiary Update* tab
4. Enter the percentage amount for primary and contingent
5. Click *Update Beneficiaries* to save entries

Display paycheck

1. Click *Payroll*
2. Select *View Your Paycheck* and the most recent paycheck will be displayed
3. Click on the *Payment Date* to view paycheck below
4. Click on the print icon at the bottom of the paycheck to print

Display/update bank details

1. Click *Payroll*
2. Click *Bank Information*
3. Select the pencil to the right of your existing main bank account (net amount) to edit the or add other bank accounts
4. Enter the bank information and click *Review* to save

Display/update W-4/G-4 Tax Withholding forms

1. Click *Payroll*
2. Click *W-4/GA Tax Withholding*
3. Make your updates and remember to check the *Declaration* box
4. Click *Save* at the top of the screen

Request a W-2 reprint

1. Click *Payroll*; Click *W-2 in PDF Format*
2. Enter the year of W-2 form needed (instructions included on screen)
3. Click on the *View* button to display the W-2
4. To print, click on the Adobe print icon at the bottom of the W-2 displayed

*These services are available only during new hire enrollment period, annual Open Enrollment, or when changes are allowed due to a qualified Life Status Change (valid documentation is required for Life Status Changes).

Important information for all Gwinnett County employees and retirees



Please read the following documents carefully

Children's Health Insurance Program (CHIP)

Medicare Part D Creditable Coverage Notice

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following contact information is current as of July 31, 2012. If you think you may be eligible to participate, contact the number for the state in which you reside.

Alabama Medicaid
medicaid.alabama.gov
1.800.362.1504

Alaska Medicaid
health.hss.state.ak.us/dpa/programs/medicaid
1.888.318.8890 (Outside of Anchorage)
907.269.6529 (Anchorage)

Arizona CHIP
azahcccs.gov/applicants/default.aspx
602.417.5422

Arkansas CHIP
arkidsfirst.com
1.888.474.8275

California Medicaid
dhcs.ca.gov/pages/TPLRD_CAU_cont.aspx
1.866.298.8443

Colorado Medicaid
colorado.gov
1.800.866.3513

Colorado CHIP
CHPplus.org
303.866.3243

Florida Medicaid
fdhc.state.fl.us/Medicaid/index.shtml
1.866.762.2237

Georgia Medicaid
dch.georgia.gov
Click on Programs, then Medicaid
1.800.869.1150

Idaho Medicaid
accesstohealthinsurance.idaho.gov
208.334.5747

Idaho CHIP
medicaid.idaho.gov
1.800.926.2588

Indiana Medicaid
in.gov/fssa/2408.htm
1.877.438.4479

Iowa Medicaid
dhs.state.ia.us/hipp
1.888.346.9562

Kansas Medicaid
khpa.ks.gov
1.785.296.3981

Kentucky Medicaid
chfs.ky.gov/dms/default.htm
1.800.635.2570

Louisiana Medicaid
dhh.louisiana.gov/offices/?ID=92
1.888.342.0555

Maine Medicaid
maine.gov/dhhs/oms
1.800.321.5557

Massachusetts Medicaid and CHIP
mass.gov/MassHealth
1.800.462.1120

Minnesota Medicaid
dhs.state.mn.us
Click on *Health Care*, then *Medical Assistance*
1.800.657.3739

Missouri Medicaid
dss.mo.gov/mhd/index.htm
1.573.751.6944

New Mexico Medicaid
hsd.state.nm.us/mad/index.html
1.888.997.2583

Pennsylvania Medicaid
dpw.state.pa.us/partnersproviders/medicallas-
sistance/
doingbusiness/003670053.htm
1.800.644.7730

Montana Medicaid
medicaidprovider.hhs.mt.gov/clientpages/
clientindex.shtml
1.800.694.3084

New Mexico CHIP
hsd.state.nm.us/mad/index.html
Click on Insure New Mexico
1.888.997.2583

Rhode Island Medicaid
dhs.ri.gov
401.462.5300

Nebraska Medicaid
dhhs.ne.gov/med/medindex.htm
1.877.255.3092

New York Medicaid
nyhealth.gov/health_care/medicaid
1.800.541.2831

South Carolina Medicaid
scdhhs.gov
1.888.549.0820

Nevada Medicaid
dwss.nv.gov
1.800.992.0900

North Carolina Medicaid
nc.gov
1.919.855.4100

Texas Medicaid
gethipptexas.com
1.800.440.0493

Nevada CHIP
nevadacheckup.nv.org
1.877.543.7669

North Dakota Medicaid
nd.gov/dhs/services/medicalsev/medicaid
1.800.755.2604

Utah Medicaid
health.utah.gov/medicaid
1.866.435.7414

New Hampshire Medicaid
dhhs.state.nh.us/IDHHS/MEDICAIDPRO-
GRAM/default.htm
1.800.852.3345 x 5254

Oklahoma Medicaid
insureoklahoma.org
1.888.365.3742

Vermont Medicaid
ovha.vermont.gov
1.800.250.8427

New Jersey Medicaid
state.nj.us/humanservices/dmahs/clients/med-
icaid
1.800.356.1561

Oregon Medicaid
oregon.gov/DHS/healthplan/index.shtml
1.800.359.9517

Virginia Medicaid
famis.org
1.800.432.5924

New Jersey CHIP
njfamilycare.org/index.html
1.800.701.0710

Oregon CHIP
oregon.gov/DHS/healthplan/app_benefits/
ohp4u.shtml
1.800.359.9517

Virginia CHIP
famis.org
1.866.873.2647

Washington Medicaid
ihrsa/sites/DCS/COB/default.aspx
1.800.562.6136

West Virginia Medicaid
wvrecovery.com/hipp.htm
304.342.1604

Wisconsin Medicaid
dhs.wisconsin.gov/Medicaid/publications/p-10095.htm
1.800.362.3002

Wyoming Medicaid
health.wyo.gov/healthcarefin/index.html
307.777.7531

Call 1.877.KIDS NOW (1.877.543.7669) or visit www.insurekidsnow.gov for more information.

Note: You must request coverage within 60 days of being determined eligible for premium assistance.

To determine whether more states have added a premium assistance program since the publication of this document, on February 16, 2010, or for more information regarding special enrollment rights, you may contact:

U.S. Department of Labor

Employee Benefits Security Administration
dol.gov/ebsa
1.866.444.EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare and Medicaid Services
cms.hhs.gov
1.877.267.2323x61565

Medicare Part D Creditable Coverage Notice

Important notice from Gwinnett County Board of Commissioners about your prescription drug coverage and Medicare. Please read this notice carefully and keep it in a place where you will be able to locate it. This notice has information about prescription drug coverage under the 2015 Aetna Gold and Silver, and Kaiser HMO Gold and Silver 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 coverage offered by the Kaiser HMO Gold and Silver and Aetna Gold and Silver 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 Aetna Gold and Silver and Kaiser HMO Gold and Silver 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 (GINA)*
- *Mental Health Parity and Addition Equity Act (MHPAPE)*
- *Women's Health and Cancer Rights Act (WHCRA)*
- *Newborn and Mother's Protection Act*
- *Uniformed Services Employment and Reemployment Rights Act (USERRA)*

Department of Human Resources



**75 Langley Drive
Lawrenceville, GA 30046
Monday – Friday
8:00am – 5:00pm**

Contact Information			
Human Resources			
Department of Human Resources	770.822.7915		
Department of Human Resources – Benefits Fax Number	770.822.7775		
Benefits			
Debbi Davidson	Benefits Division Director	770.822.7956	debbi.davidson@gwinnettcounty.com
Nancy Purves	Health Plans Manager	770.822.7950	nancy.purves@gwinnettcounty.com
Kathy Martin	Benefits IT Liaison	770.822.7912	kathy.martin@gwinnettcounty.com
Sandi Barber	Administrative Support Associate	770.822.7932	sandi.barber@gwinnettcounty.com
Retirement			
Debbi Davidson	Benefits Division Director	770.822.7956	debbi.davidson@gwinnettcounty.com
Sue Rooks	Benefits Specialist/ Retirement Plans	770.822.7913	sue.rooks@gwinnettcounty.com
Megan Ward	Benefits Specialist/ Retirement Plans	770.822.7916	megan.ward@gwinnettcounty.com
Fred Minot	Great West Representative	770.822.7874	frederick.minot@gwrs.com
Life and Disability			
Dawn Jones	Benefits Specialist/Disability, Life, and WC	770.822.7780	dawn.jones@gwinnettcounty.com

Vendor Contact Information



Plan Type	Company	Group Number	Address	Customer Service Number	Website
Aetna	Aetna	737528	Aetna P.O. Box 14079 Lexington, KY 40512-4079	1.855.281.8858	www.aetna.com
Kaiser Permanente HMO	Kaiser Permanente	9284	Nine Piedmont Center Building 10, 3rd floor 3495 Piedmont Road NE Atlanta, GA 30305-1736	404.261.2590 1.888.865.5813	www.kp.org
Shallbee Accounts (HSA, HRA FSA)	Connect Your Care	N/A	Connect Your Care Claims Department P.O. Box 622337 Orlando, FL 32862-2337	1.877.292.4040	www.connectyourcare.com
CIGNA Dental PPO Plans	CIGNA Dental	3212404	CIGNA Dental P.O. Box 188037 Chattanooga, TN 37422-8037	1.800.244.6224	www.cigna.com
Cigna Dental HMO Plan	CIGNA Dental	10141213	NA – no claims filed for HMO	1.800.244.6224	www.cigna.com
Humana EAP and Work-Life Services	Humana	N/A	N/A – no claims filed for EAP/ Work-Life services	1.855.330.2962	www.humana.com/eap username = gwinnett password = gwinnett
Vision Plan	Vision Service Plan (VSP)	12-320640	Out of Network Claims Only P.O. Box 997105 Sacramento, CA 95899	1.800.877.7195	www.vsp.com
Short-Term Disability, Long-Term Disability	The Hartford	402291	P.O. Box 14297 Lexington, KY 40512-4297	1.800.445.9057	www.thehartfordatwork.com
Life Insurance: Basic, Optional, Dependent	The Hartford	402291	P.O. Box 14297 Lexington, KY 40512-4297	1.888.563.1124	www.thehartfordatwork.com
Supplemental Universal Life, Critical Illness, Accident, Hospital Indemnity	Allstate		1776 American Heritage Life Drive Jacksonville, FL 32224-6687	1.866.828.8501	www.allstateatwork.com

gwinnettcounty
Department of Human Resources
75 Langley Drive
Lawrenceville, GA 30046
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