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EMPLOYEE ENROLLMENT GUIDE

ACTIVE EMPLOYEES

gwinnettcounty
Board of Commissioners
2016 Active Employee Benefit Plans

This book provides, in summary, 2016 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, 2016, and are not guaranteed to remain the same in future years.

If you want to enroll an eligible dependent 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: Fraudulent statements on benefit application forms, or through website *MyGCHub* 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. 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 Gwinnett County benefits, coverage will be effective the first day of the month following one full calendar month of his or her status change.

Coverage for the employee’s dependents

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

New hires

Online enrollment through *My GCHub* 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 the waiver of benefits. If the employee and dependents are not enrolled when first eligible, the employee 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 *GCWorkplace*.



Summary of 2016 Benefit Changes



Medical Insurance

- Kaiser and Aetna Silver and Gold medical plan options and the Aetna Traditional PPO plan will continue to be offered
- Silver medical plan options have lower premium costs than the Gold medical plan options
- Gold medical plan options require lower out-of-pocket expenses (deductibles, coinsurance, and copays – if applicable) than the Silver medical plan options
- Kaiser and Aetna rates increased at varying levels – there were minor benefit changes due to state and federal requirements
- Kaiser Silver and Gold plans will cover applied behavior analysis (ABA) as required by Georgia law - children age six or younger suffering from autism related disorders will be eligible for up to \$30,000 in annual coverage for treatment
- Aetna Gold, Silver, and Traditional plans already provide ABA benefits that exceed state requirements
- 2016 premium rates increased slightly.

Refer to the medical benefit summaries on page 5 for complete details.

Dental Insurance

No change in benefits. 2016 premium rates increased slightly.

Vision Insurance

No change in benefits.

Disability Insurance

No changes, but individuals may see an increase or decrease based on changes 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)

Shallbee Health Care and/or Dependent Care FSAs.

Maximum contribution amounts:

- Health Care FSA – Maximum contribution per year: \$2,500. Only available with Kaiser Gold and Silver Health Plans.
- Dependent Care – maximum contribution \$5,000; or \$2,500 if you're married and file separate income tax returns.

Shallbee Health Savings Account (HSA)

Only available with Aetna Gold and Silver Health Plans

Maximum contribution amounts increased:

- Single Coverage – Maximum contribution per year: \$3,350
- Family Coverage – Maximum contribution per year: \$6,750
- Catch-Up Contribution for participants over 55 remains \$1,000

Employer-based HSA contributions can be earned based on Health and Wellness Program participation. Please refer to the Health and Wellness Program Summary on page 27 for more information.

Shallbee Health Reimbursement Account (HRA)

Only available with Kaiser Gold and Silver Health Plans

Employer-based HRA contributions can be earned based on Health and Wellness Program participation. Please refer to the Health and Wellness Program Summary on page 27 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 2016, Gwinnett County will provide active employees and their dependents enrolled in a medical plan Hospital Indemnity Insurance. The hospital indemnity benefits are referenced in this document on pages 8 and 13.

Also, please refer to the Allstate microsite www.Allstatevoluntary.com/gwinnettcountry for more information about the Allstate benefit plans that are available.

2016 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

Allstate Group Universal Life, Accident, Critical Illness and Hospital Indemnity Humana EAP

Employee Health and Wellness Program

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 (ACA) Guidelines</i> 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	\$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
Outpatient Visit Mental Health and Chemical Dependency	\$50 copay	\$30 copay

Kaiser HMO (continued)

What's Covered	Cost to You	
	Silver HMO	Gold HMO
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
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

Kaiser HMO (continued)

What's Covered	Cost to You	
	Silver HMO	Gold HMO
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)	
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.	
First day hospital confinement benefit (once a year)	\$1,100
Daily hospital confinement benefit (10 day max per stay)	\$100
Hospital intensive care benefit (10 day max per stay)	\$100

Health Reimbursement Account (through ConnectYour 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 an employee not covering a spouse and \$1,500 for an employee covering a spouse if you opt into the Gwinnett Wellness Program and complete certain tasks. Kaiser Silver and Gold HMO participants can also enroll in a Health Care FSA.
<ul style="list-style-type: none"> Withdrawals to pay eligible health care expenses are not taxable Unused HRA balances roll over from year-to-year

Kaiser HMO (continued)

PREMIUMS

	Wellness Opt-In Tobacco Free	Wellness Opt-In Tobacco Use	Wellness Opt-Out Tobacco Free	Wellness Opt-Out Tobacco Use
Kaiser Silver HMO (Bi-Weekly Employee Premium)				
Employee Only	\$3.36	\$31.05	\$31.05	\$58.74
Employee + Spouse	\$6.69	\$34.38	\$34.38	\$62.07
Employee + Child(ren)	\$5.70	\$33.39	\$33.39	\$61.08
Employee + Family	\$9.21	\$36.90	\$36.90	\$64.59
Kaiser Gold HMO (Bi-Weekly Employee Premium)				
Employee Only	\$26.22	\$53.91	\$53.91	\$81.60
Employee + Spouse	\$52.44	\$80.13	\$80.13	\$107.82
Employee + Child(ren)	\$44.58	\$72.27	\$72.27	\$99.98
Employee + Family	\$72.11	\$99.80	\$99.80	\$127.49
Kaiser Silver HMO (Monthly Employee Premium)				
Employee Only	\$7.27	\$67.27	\$67.27	\$127.27
Employee + Spouse	\$14.50	\$74.50	\$74.50	\$134.50
Employee + Child(ren)	\$12.34	\$72.34	\$72.34	\$132.34
Employee + Family	\$19.96	\$79.96	\$79.96	\$139.96
Kaiser Gold HMO (Monthly Employee Premium)				
Employee Only	\$56.82	\$116.82	\$116.82	\$176.82
Employee + Spouse	\$113.62	\$173.62	\$173.62	\$233.62
Employee + Child(ren)	\$96.58	\$156.58	\$156.58	\$216.58
Employee + Family	\$156.24	\$216.24	\$216.24	\$276.24

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 (ACA) Guidelines</i> Non-ACA Services	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	15% 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 *(continued)*

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: includes Autism and Cerebral Palsy (combined 60 visit limit per calendar year)	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	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 (to diagnose condition) (Artificial Insemination and In-Vitro Fertilization are not covered)	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible
Skilled Nursing Facility (Annual Maximum: 60 days combined in or out-of-network)	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after deductible

Aetna Gold and Silver High-Deductible Health Plans *(continued)*

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: 60 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	30% coinsurance after deductible	50% coinsurance after deductible	15% coinsurance after deductible	50% coinsurance after 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	None		None	
Retail <i>(up to 30 days)</i>				
Generic	30% coinsurance after deductible		15% coinsurance after deductible	
Preferred Brand	(for Generic)		(for Generic)	
Non-preferred Brand				
Mail Order <i>(up to 90 days)</i>				
Generic	30% coinsurance after deductible		15% coinsurance after deductible	
Preferred Brand	(for Generic)		(for Generic)	
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 *(continued)*

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 stay)	\$100
Hospital intensive care benefit (10-day max per stay)	\$100

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 an employee not covering a spouse and \$1,500 for an employee covering a spouse 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 2016

Individual/plus Age 55+ Contribution	\$3,350/\$1,000
Family/plus Age 55+ Contribution	\$6,750/\$1,000

- *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 *(continued)*

PREMIUMS

	Wellness Opt-In Tobacco Free	Wellness Opt-In Tobacco Use	Wellness Opt- Out Tobacco Free	Wellness Opt- Out Tobacco Use
Aetna Silver Max Choice HSA (Bi-Weekly Employee Premium)				
Employee Only	\$10.66	\$38.35	\$38.35	\$66.04
Employee + Spouse	\$21.30	\$48.99	\$48.99	\$76.68
Employee + Child(ren)	\$18.11	\$45.80	\$45.80	\$73.49
Employee + Family	\$29.30	\$56.99	\$56.99	\$84.68
Aetna Gold Max Choice HSA (Bi-Weekly Employee Premium)				
Employee Only	\$34.36	\$62.05	\$62.05	\$89.74
Employee + Spouse	\$68.71	\$96.40	\$96.40	\$124.09
Employee + Child(ren)	\$58.41	\$86.10	\$86.10	\$113.79
Employee + Family	\$94.48	\$122.17	\$122.17	\$149.86
Aetna Silver Max Choice HSA (Monthly Employee Premium)				
Employee Only	\$23.09	\$83.09	\$83.09	\$143.09
Employee + Spouse	\$46.15	\$106.15	\$106.15	\$166.15
Employee + Child(ren)	\$39.24	\$99.24	\$99.24	\$159.24
Employee + Family	\$63.48	\$123.48	\$123.48	\$183.48
Aetna Gold Max Choice HSA (Monthly Employee Premium)				
Employee Only	\$74.44	\$134.44	\$134.44	\$194.44
Employee + Spouse	\$148.88	\$208.88	\$208.88	\$268.88
Employee + Child(ren)	\$126.55	\$186.55	\$186.55	\$246.55
Employee + Family	\$204.71	\$264.71	\$264.71	\$324.71

Shallbee Health Savings Account (HSA)

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 employee, spouse, and dependents covered by a qualified High-Deductible Health Plan. HSA funds can only be used for eligible expenses that are incurred by the employee and dependent family members as defined by IRS definition of “dependent.”

Key features of Health Savings Account:

- Debit card access
- Employee contributions are allowed up to annual limits (page 4)
- Employees can start, stop, increase, or decrease their contribution any time
- 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).

Health Reimbursement Account (HRA)

Gwinnett's Shallbee Health Reimbursement Account (HRA) is funded by the County for the purpose of paying qualified health expenses on behalf of the employee, spouse, and dependent children. HRA funds can only be used for eligible expenses that are incurred by the employee and dependent family members.

Key features of Health Reimbursement Account

- Debit card access
- Funds carry over from one calendar year to the next
- No limit on annual carryover amount
- Expenses covered by HRA funds are determined by Internal Revenue Code 213(d)



Shallbee 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.

Health Care FSA

A Health Care FSA can be used to pay eligible health care expenses on a pre-tax basis. In 2016, the Health Care FSA maximum contribution per year is \$2,500 and is only available with Kaiser Gold and Silver Health Plans.

Eligible expenses include:

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

Visit www.ConnectYourCare.com to see a complete list of available covered expenses.

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

Claim Substantiation Requirements

As you use your Shallbee Account Card, please be aware that in certain instances ConnectYourCare may require documentation that your debit card was used to purchase an approved expense under IRS guidelines. When you submit documentation to ConnectYourCare, an Explanation of Benefit (EOB) or a detailed receipt or statement that outlines the patient's name, the provider's name, address, date of service, type of service

and your financial responsibility is required to substantiate a claim. A register receipt from the provider is not a satisfactory form of documentation because it does not provide all of the necessary information.

ConnectYourCare will notify you by mail or e-mail when documentation is required and your debit card will be suspended until you are able to provide the proper level of documentation. You will be asked to repay any amounts that cannot be documented or were for ineligible expenses. Remember to keep copies of your receipts.

Dependent Day Care FSA

Eligible expenses include dependent day care expenses for children under age 13 or other dependents (spouse, child, or parents) provided they are claimed as dependents on your tax return and/or they are mentally or physically unable to take care of themselves.

In 2016, Dependent Care has a maximum contribution of \$5,000 or \$2,500 if you're married and file separate income tax returns.

Use your **Shallbee FSA Dependent Day Care Account** to pay for eligible expenses.

Note: Flexible Spending Account elections do not carry over from year to year. You must actively enroll annually to participate. You must enter an annual amount on *My GCHub* in order to participate in an FSA. Funds that are not used for expenses incurred during 2016 will be forfeited.



2016 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 2016 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 2016 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 2016 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 2016 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 2016 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

2016 Dental Plans: Cigna Dental *(continued)*

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

*Cigna DHMO Dental Care Patient Charge Schedule is available on My GCHub

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.

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

PREMIUMS

Bi-Weekly Premium	DHMO	PPO Mid-Option	PPO High-Option
Employee Only	\$6.95	\$16.40	\$25.45
Employee + Spouse	\$13.90	\$32.76	\$50.90
Employee + Child(ren)	\$17.37	\$40.96	\$63.63
Employee + Family	\$20.85	\$49.11	\$76.21
Monthly Premium	DHMO	PPO Mid-Option	PPO High-Option
Employee Only	\$15.06	\$35.53	\$55.15
Employee + Spouse	\$30.11	\$70.99	\$110.29
Employee + Child(ren)	\$37.64	\$88.75	\$137.86
Employee + Family	\$45.17	\$106.40	\$165.13

2016 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 *	\$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 Frequency: Once every other calendar year	\$15 copay up to \$150 frame allowance, 20% discount on cost above frame allowance Frequency: Once per calendar year	\$70
Contact Lenses	\$60 contact fitting copay plus any cost above \$120 materials limit Frequency: Once per calendar year	\$60 contact fitting copay plus any cost above \$150 materials limit Frequency: Once per calendar year	\$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

2016 Vision Plans: Vision Service Plan (VSP) *(continued)*

PREMIUMS

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



2016 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 30 th day of accident and the 30 th day of sickness and is designed to continue for a period of 150 days.
Option II	STD coverage commences on the 60 th day of accident and the 60 th day of sickness and is designed to continue for a period of 120 days.
Option III	STD coverage commences on the 90 th day of accident and the 90 th day of sickness and is designed to continue for a period of 90 days.

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	.194	.183	.182	.154	.140	.154	.173	.197	.220	.239
Option II	.123	.116	.116	.098	.090	.098	.110	.124	.141	.153
Option III	.122	.115	.114	.097	.088	.097	.108	.123	.138	.149

$$\begin{array}{ccccccc}
 \text{_____} & \text{divided by 52} = & \text{_____} & \times .60 = & \text{_____} & \text{divided by 10} = & \text{_____} \\
 \text{Annual} & & \text{Weekly} & & \text{Weekly} & & \text{Monthly} \\
 \text{Salary} & & \text{Salary} & & \text{Benefit} & & \text{Rate} \\
 & & & & \text{(max-\$1,200)} & & \\
 & & & & & & \text{Monthly} \\
 & & & & & & \text{Cost} \\
 & & & & & & \text{(from chart)}
 \end{array}$$

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

Long-Term Disability

Gwinnett County provides active full-time employees working 30 hours or more, Long-Term Disability (LTD) coverage through The Hartford. The LTD coverage is available to you at no cost. If you become disabled from a covered injury, sickness or pregnancy and satisfy the 180 day elimination period, the plan will cover up to 60 percent of your regular monthly salary to a maximum of \$5,000. As an eligible employee, you do not have to enroll in LTD insurance. You are automatically covered.

2016 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 an additional \$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.

Your Optional Life election includes matching Optional Accidental Death and Dismemberment coverage.

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.



2016 Monthly Optional Life Insurance Premiums (includes optional AD&D)

Optional Life Insurance			
Age	Monthly Rates		
	2015	2016	Difference
	Cost per \$1,000		
<25	\$0.128	\$0.128	\$0
25 – 29	\$0.128	\$0.128	\$0
30 – 34	\$0.128	\$0.128	\$0
35 – 39	\$0.139	\$0.139	\$0
40 – 44	\$0.160	\$0.160	\$0
45 – 49	\$0.244	\$0.244	\$0
50 – 54	\$0.403	\$0.403	\$0
55 – 59	\$0.613	\$0.613	\$0
60 – 64	\$1.033	\$1.033	\$0
65 – 69	\$1.138	\$1.138	\$0
70 – 74	\$2.008	\$2.008	\$0
75+	\$2.008	\$2.008	\$0

Dependent Life Insurance			
	Monthly Rates		
	2015	2016	Difference
Cost per unit	\$3.37	\$3.37	\$0

2016 Monthly Optional Life Insurance Premiums (includes optional AD&D) *(continued)*

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

Allstate Supplemental Coverage

Allstate provides Group Universal Life, Accident, and Critical Illness supplemental plans. Visit www.Allstatevoluntary.com/gwinnettcountry for details on the plans and coverages.

Accidents happen. A missed step is all it takes.

If you had an accident, would you be prepared to pay the extra expenses related to your recovery? With Accident insurance from Allstate Benefits, you can get the coverage you need today to help protect you from tomorrow's unknown. Our plan pays cash benefits to help you pay expenses such as copays and deductibles, or even rent and groceries. Plus, it works well with your major medical plan, helping close gaps in your coverage.

It's likely you know someone affected by a critical illness.

Critical Illness coverage provides a lump-sum cash benefit to help you cover the out-of-pocket expenses associated with a critical illness. No one knows what lies ahead on the road through life. Will you have to undergo a major organ transplant or coronary artery bypass procedure? Will you suffer from a stroke or heart attack? The costs involved with these conditions could have a significant impact on hard-earned finances such as lost income, child care, travel expenses, prescription drugs and mortgage payments. Critical Illness coverage from Allstate Benefits can help offer financial support in the event you are diagnosed. This coverage also pays a benefit for advanced Alzheimer's and Parkinson's disease, second time with a previously paid Initial Critical Illness Benefit and more.

Group Universal Life

Life insurance coverage is for the living; those left behind must deal with final expenses, bills, mortgage, and expenses associated with day-to-day life. It can also help provide financial security during life-changing events that occur as you age and your needs change. Plus, fund value accumulation allows for loans and withdrawals when needed.

Group Indemnity Medical Insurance

Expenses associated with a hospital stay can be financially difficult if money is tight and you are not prepared. Having the right coverage in place to help when a sickness or injury occurs can help eliminate your financial concerns and provide support at a time when it is needed most. Our coverage is Health Savings Account-compatible, which means it works well with high deductible health plans (HDHP) and traditional major medical plans to close gaps in coverage. This insurance includes benefits that cover first-day hospital confinement, daily hospital confinement and daily hospital intensive care. The cash benefits are paid directly to you, regardless of other coverage, and can be used toward deductibles, copays, premiums and even related travel expenses.

2016 EAP and Work-Life Services

Employee Assistance Program (EAP)

Active employees have access to the Gwinnett Employee Assistance Program (EAP) and Work-Life Services program administered by Humana. An EAP offers short-term counseling up to four visits per issue per year to help you and members of your household manage everyday life issues.

EAP professionals are available to assist you with:

- Everyday needs and life events
- Weight control
- Emotional issues
- Relationship concerns
- Coping with a serious illness
- Family relationships
- Sleeping difficulties
- Loss of a loved one
- Eating disorders
- Workplace concerns
- Smoking cessation



Work-Life Services

Work-Life offers extensive assistance, information, and support to help you achieve a better balance between work, life, and family to help make your life easier. You can access information and self-search locators to find resources and providers that can help you with the follow:

- Housing options
- Child care
- Financing college
- Adoption, pregnancy and infertility
- Moving and relocation
- Caregiving from a distance
- Finding colleges and universities
- Adjusting to retirement
- Services and education for children
- Many other life situations

Legal and Financial Assistance

As part of the EAP, you also have access to a free 30-minute consultation with a local attorney or financial professional on issues such as real estate, retirement planning, divorce and separation, budgeting/debt reconstruction, and trusts and estates. Further legal and tax preparation services can then be accessed at a discount.

2016 Employee Health and Wellness Program

Health and Wellness Incentives

If you are 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.

Online Wellness Assessment and Biometric Screenings

The gateway to the Gwinnett County Employee Health and Wellness Program Incentives begins with completing:

- A Biometric Screening – A biometric screening measures your current health status and will include lab testing, such as height, weight, glucose, cholesterol and waist circumference.
- An online Wellness Assessment – The Wellness Assessment is a personalized health assessment based on information you provide, and the results of your Biometric Screening. To complete your portion of the Wellness Assessment, log in to **www.gcbewellbesafe.com**, and respond to the questionnaire. To access the Wellness Assessment, you must be a benefit-eligible employee.



In order to participate in other components of the Health and Wellness Program, eligible employees must have a current Wellness Assessment and Biometric Screening. Current is defined as once per wellness plan year. The wellness plan year begins November 21, 2015, and ends on November 18, 2016.

By completing your Wellness Assessment and Biometric Screening in 2015, you will avoid the wellness opt-out surcharge of \$60 per month (or \$720 annual) in 2016, 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.

- \$200 if not covering a spouse
- \$400 if covering a spouse

Beyond the initial contribution to your HSA or HRA, additional employer contributions can be earned by participating in certain wellness activities.

You must complete your Biometric Screening and online Wellness Assessment to be eligible for the additional 2016 incentive opportunities.

2016 Employee Health and Wellness Program *(continued)*

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.

Yoga/Therapeutic Stretching Classes

Weekly classes held before, during, and after regular business hours 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.

More Information

The County's health and wellness program complies with HIPAA regulations, including the requirement to offer a reasonable alternative for activity-based incentive criteria. Please contact Human Resources for more information.

Please refer to *GC Workplace* and www.gcbewellbesafe.com 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.



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 that clearly indicates the cost of medical care for non-tobacco users is lower than the cost for tobacco users, and this is consistent with industry standards.

Gwinnett County defines tobacco use as smoking cigarettes, clove cigarettes, cigars, pipes, or using smokeless tobacco such as chewing tobacco or snuff. “Regular tobacco users” are individuals who have used tobacco products more than one time per month over the last 12 months.

If you are a regular tobacco user, your medical plan premiums will be subject to a \$60 per month surcharge.

During open enrollment you will be asked to answer the following:

A screenshot of a web-based survey titled "Tobacco Usage". The title is in a blue header bar. Below the header, on the left, is a yellow triangular warning icon with a black exclamation mark. To the right of the icon, the text "Do you use tobacco products?" is displayed. At the bottom right of the question area, there are two buttons: "Yes" and "No".

Tobacco Usage

Do you use tobacco products?

Yes No

By submitting a response to this question, each employee is certifying that the information provided is true and correct and that they understand providing false information is in direct violation of the *Gwinnett County Code of Ethics* and may result in termination of coverage and/or disciplinary action, up to and including termination of employment with Gwinnett County. Employees are only given the opportunity to make this election during a qualified enrollment period and will not be able to change this response at any other time during the plan year.

Gwinnett County's medical plan covers tobacco cessation programs, including nicotine replacement therapy, at no cost to members enrolled in one of the medical health plans offered. The County's tobacco surcharge program complies with HIPAA regulations, including the requirement to offer a reasonable alternative based on health status. Contact the Human Resources Department at 770.822.7915 during open enrollment to learn more.

My GCHub Instructions



Benefits elections must be updated through *My GCHub*.

My GCHub 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: gc\mjsmith

Access My GCHub through GC Workplace

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

Important information

- *My GCHub* 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 2016 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 2016 benefits. Enter 01/01/2016 and click on *Print Form* for your 2016 Benefits Confirmation Statement

My GCHub 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

Display leave balances

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

Display/Change (or Manage) personal information

1. Click *Personal Information*
2. Click *Personal Data*
3. You can update personal email and other types of information under *Data Maintenance*

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/Dependents*
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

*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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2015. Contact your State for more information on eligibility:

Alabama Medicaid
www.myalhipp.com
1.855.692.5447

Colorado Medicaid
www.colorado.gov/hcpf
1.800.221.3943

Indiana Medicaid
www.in.gov/fssa
1.800.889.9949

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

Florida Medicaid
www.flmedicaidtprecovery.com
1.877.357.3268

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

Georgia Medicaid
dch.georgia.gov
Click on Programs, then Medicaid
404.656.4507

Kansas Medicaid
www.kdheks.gov/hcf
1.800.792.4884



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

Louisiana Medicaid
dhh.louisiana.gov/index.cfm/subhome/1/n/331
1.888.695.2447

Maine Medicaid
www.maine.gov/dhhs/ofl/public-assistance
1.800.977.6740
TTY 1.800.977.6741

Massachusetts Medicaid and CHIP
www.mass.gov/MassHealth
1.800.462.1120

Minnesota Medicaid
www.dhs.state.mn.us/id_006254
Click on Health Care, then Medical Assistance
1.800.657.3739

Missouri Medicaid
www.dss.mo.gov/mhd/participants/pages/hipp.htm
1.573.751.2005

Montana Medicaid
medicaid.mt.gov/member
1.800.694.3084

Nebraska Medicaid
www.ACCESSNebraska.ne.gov
1.855.632.7633

Nevada Medicaid
dwss.nv.gov
1.800.992.0900

New Hampshire Medicaid
www.dhhs.nh.gov/oii/documents/hippapp.pdf
1.603.271.5218

New Jersey Medicaid
www.state.nj.us/humanservices/dmahs/clients/Medicaid
1.609.631.2392

New Jersey CHIP
www.njfamilycare.org/index.html
1.800.701.0710

New York Medicaid
www.nyhealth.gov/health_care/medicaid
1.800.541.2831

North Carolina Medicaid
www.ncdhhs.gov/dma
1.919.855.4100

North Dakota Medicaid
www.nd.gov/dhs/services/medicalserv/medicaid
1.800.755.2604

Oklahoma Medicaid and CHIP
www.insureoklahoma.org
1.888.365.3742

Oregon Medicaid
www.oregonhealthykids.gov
www.hijossaludablesoregon.gov
1.800.699.9075

Pennsylvania Medicaid
www.dhs.state.pa.us/hipp
1.800.692.7462

Rhode Island Medicaid
www.eohhs.ri.gov
401.462.5300

South Carolina Medicaid
www.scdhhs.gov
1.888.549.0820

South Dakota Medicaid
<http://dss.sd.gov>
1.888.828.0059

Texas Medicaid
gethipptexas.com
1.800.440.0493

Utah Medicaid and CHIP
health.utah.gov/Medicaid
health.utah.gov/chip
1.866.435.7414

Vermont Medicaid
www.greenmountaincare.org
1.800.250.8427



Virginia Medicaid and CHIP
Medicaid: [www.coverva.org/programs_
premium_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)
1.800.432.5924

CHIP: [www.coverva.org/programs_premium_
assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)
1.855.242.8282

Washington Medicaid
[www.hca.wa.gov/medicaid/premiumpymt/
pages/index.aspx](http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx)
1.800.562.3022 ext. 15473

West Virginia Medicaid
[www.dhhr.wv.gov/bms/Medicaid%20
Expansion/Pages/default.aspx](http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx)
1.877.598.5820

Wisconsin Medicaid
[www.dhs.wisconsin.gov/
badgercareplus/p-10095.htm](http://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm)
1.800.362.3002

Wyoming Medicaid
wyequalitycare.acs-inc.com
307.777.7531

To see if any other states have added a premium assistance program since July 31, 2015, or for more information on special enrollment rights, contact either:

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 • 1.877.267.2323, Menu Option 4, Ext. 61565

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 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 coverage offered by the Kaiser and Aetna, 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 (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



Gwinnett Justice and Administration Center
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			
Sheryl Dallas	Deputy Director	770.822.7943	sheryl.dallas@gwinnettcountry.com
Debbi Davidson	Benefits Division Director	770.822.7956	debbi.davidson@gwinnettcountry.com
Nancy Purves	Health Plans Manager	770.822.7950	nancy.purves@gwinnettcountry.com
Sandi Barber	Administrative Support Associate	770.822.7932	sandi.barber@gwinnettcountry.com
Victoria Burkholder	Business Officer	770.822.7911	victoria.burkholder@gwinnettcountry.com
Dawn Jones	HR Benefits Associate	770.822.7780	dawn.jones@gwinnettcountry.com
Sue Rooks	HR Benefits Associate	770.822.7913	sue.rooks@gwinnettcountry.com
Megan Ward	HR Benefits Associate	770.822.7916	megan.ward@gwinnettcountry.com
Misty Kyle	Health and Wellness Coordinator	770.822.7908	misty.kyle@gwinnettcountry.com
Angel Mario	Empower Retirement Representative	770.822.7874	angel.mario@empower-retirement.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

Plan Type	Company	Group Number	Address	Customer Service Number	Website
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.Allstatevoluntary.com/gwinnettcountry
Health and Wellness Program	Asset Health		2250 Butterfield Drive, Suite 100 Troy, MI, 48084	1.855.444.1255	www.assethealth.com/gcbewellbesafe



Please consider the environment before printing this guide.

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

