

2019 Retiree Enrollment Guide

TAKING CARE OF WHAT MATTERS MOST

IN
FOCUS



2019 RETIREE BENEFITS

Choosing the benefits that fit your needs and budget is easy when you're in the know. Gwinnett County offers you a range of benefits. Each year, you have the chance to review your options and decide what works for you.

The best place to start? Right here, with this enrollment guide. Use this guide to review your options, as well as premiums, before enrolling.

New Aetna Feature – US Imaging

US Imaging is a VIP Radiology Program for advanced imaging such as MRI, CT, and PET Scans. If an imaging service is ordered, US Imaging will contact you to help find a high-quality, cost-effective facility that is most convenient for you. As an Aetna member this service is provided at no additional expense!

Pre-Medicare Retiree Benefits

Medical Options	Kaiser HMO Silver	Kaiser HMO Gold	Aetna Maximum Choice Bronze	Aetna Maximum Choice Silver	Aetna Maximum Choice Gold	Aetna Traditional PPO
Deductible (Individual/Family)	\$1,800/\$3,600	\$1,000/\$2,000	\$3,650/\$7,300	\$2,000/\$4,000	\$1,400/\$2,800	\$1,300/\$2,600
Doctor's Office Visit	\$50 copay	\$30 copay	30% after ded.	30% after ded.	15% after ded.	\$40 copay
Specialist Office Visit	\$70 copay	\$50 copay	30% after ded.	30% after ded.	15% after ded.	\$65 copay
Coinsurance (how much you pay)	30%	20%	30%	30%	15%	30% after ded.
Out-of-Pocket Max (Individual/Family)	\$5,300/\$10,600	\$3,200/\$6,400	\$6,650/\$13,300	\$4,000/\$8,000	\$2,200/\$4,400	\$3,500/\$7,000
Inpatient Hospital	30% after ded.	20% after ded.	30% after ded.	30% after ded.	15% after ded.	30% after ded.
Emergency Care	30% after ded.	20% after ded.	30% after ded.	30% after ded.	15% after ded.	30% after ded.
Preventive Care	0%	0%	0%	0%	0%	0%
Prescription Drug Coverage (Retail/Mail)						
Generic	\$15 copay/ \$30 copay	\$5 copay/ \$10 copay	30% after ded.	30% after ded.	15% after ded.	\$15 copay/ \$30 copay
Preferred Brand	\$55 copay/ \$110 copay	\$35 copay/ \$70 copay	30% after ded.	30% after ded.	15% after ded.	\$45 copay/ \$90 copay
Non-Preferred Brand	N/A	N/A	30% after ded.	30% after ded.	15% after ded.	\$70 copay/ \$140 copay
Monthly Pre-Medicare Rates						
Retiree Only	\$197.55	\$340.75	\$141.15	\$232.04	\$381.60	\$496.06
Retiree + Spouse	\$398.23	\$717.03	\$229.55	\$325.80	\$705.89	\$1,143.67
Retiree + Child	\$384.63	\$701.51	\$211.03	\$311.69	\$689.77	\$1,128.55
Retiree + Family	\$405.54	\$725.39	\$257.63	\$375.03	\$742.89	\$1,151.81
Monthly Blended Rates						
Ret + Sp (1 Med)	\$344.70	\$522.35	\$218.15	\$311.70	\$690.82	\$833.24
Ret + Ch (1 Med)	\$333.49	\$510.35	\$193.47	\$299.72	\$679.35	\$677.70
Ret + Fam (2 Med)	\$347.01	\$347.70	\$213.16	\$347.19	\$347.91	\$347.55
Ret + Fam (1 Med)	\$351.52	\$530.02	\$233.96	\$306.97	\$698.59	\$840.22

IMPORTANT NOTICE

You are required to contact the Gwinnett County Benefits Division sixty (60) days prior to the date you or your covered dependent(s) become Medicare-eligible. As soon as you become Medicare eligible you must immediately enroll in Medicare Part A and Part B in order to continue participation in Gwinnett County health plans.

Medicare Eligible Retiree Benefits

Medical Options	Aetna Medicare PPO
Deductible (Individual/Family)	\$150
Doctor's Office Visit	\$15
Specialist Office Visit	\$30
Ambulance Services	\$75
Out-of-Pocket Max (Individual/Family)	\$3,400
Inpatient Hospital Care	\$500 per stay
Emergency Room	\$50
Preventive Care	\$0
Prescription Drug Coverage	
Generic (Retail/Mail)	\$10/\$15
Preferred Brand (30 day/90 day)	\$30/\$75
Non-Preferred Brand (30 day/90 day)	\$60/\$150
Monthly Rates	
Retiree Only	\$116.85
Retiree + Spouse (both>65)	\$344.13



To enroll, visit GC Retiree at [www.gwinnettcounty.com/GC Retiree/My GCHub](http://www.gwinnettcounty.com/GC_Retiree/My_GCHub)



For more information, contact Human Resources at 770.822.7915

Dental

Dental Options	Cigna DHMO	Cigna PPO Mid-Plan	Cigna PPO-High Plan
Deductible (Individual/Family)	\$0/\$0	\$100/\$300	\$50/\$150
Benefit Maximum	N/A	\$1,000 per person	\$1,500 per person
Diagnostic and Preventive (e.g., teeth cleanings, X-rays)	For a complete list of DHMO copays, see Schedule of Benefits on <i>GC Retiree</i>	No cost in-network	No cost in-network
Basic Benefits (e.g., fillings, extractions)		20% after deductible	20% after deductible
Major Benefits (e.g., crowns and bridges, prosthetics)		50% after deductible	50% after deductible
Orthodontia (Child and Adult)		Not covered	50% after deductible; \$2,500 lifetime maximum
Monthly Premiums			
Retiree Only	\$13.44	\$33.16	\$51.48
Retiree + Spouse	\$26.87	\$66.27	\$102.95
Retiree + Children	\$33.59	\$82.84	\$128.68
Retiree + Family	\$40.30	\$99.32	\$154.14

The DHMO Network has been expanded. Many of the DPPO providers are now also part of the DHMO Network. For more information, contact Cigna at 800.564.7642.

Vision

Vision Options	VSP Basic (In-Network)	VSP Premier (In-Network)
Routine Eye Exam	\$10 copay	\$15 copay
Lenses (Single vision, bifocal, trifocal, lenticular)	\$10 copay	\$15 copay
Frames	\$10 copay; \$120 allowance plus 20% off amount exceeding the allowance (Once every other year)	\$15 copay; \$150 allowance plus 20% off amount exceeding the allowance (Once every calendar year)
Contact Lenses (Once per calendar year)	\$60 lens fitting; \$120 allowance	\$60 lens fitting; \$150 allowance
Monthly Premiums		
Retiree Only	\$5.38	\$11.34
Retiree + Spouse	\$10.98	\$23.14
Retiree + Children	\$11.35	\$23.91
Retiree + Family	\$18.13	\$38.24

If you do not want to make any changes to your benefits, no action is necessary. Do not forget to print your benefits confirmation statement.

Gwinnett County's health plans meet the minimum essential coverage and minimum value required by the Affordable Care Act, also known as the Health Care Reform.



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