



Gwinnett

# 2020 Retiree Annual Enrollment

October 7 – 18, 2019



# Pre-Medicare Medical Plans

# 2020 Aetna Traditional PPO



Medical Options	Aetna Traditional PPO
Deductible (Individual/Family)	\$1,600/\$3,200
Doctor's Office Visit	\$50
Specialist Office Visit	\$75
Coinsurance (how much you pay)	30% after deductible
Out-of-Pocket Max	\$4,200/\$8,400

# 2020 Aetna Traditional PPO



Prescription Drug Coverage	Aetna Traditional PPO
Generic (Retail/Mail)	\$20 copay/\$40 copay
Preferred Brand (Retail/Mail)	\$50 copay/\$100 copay
Non-Preferred Brand (Retail/Mail)	\$75 copay/\$150 copay

# 2020 Aetna Traditional PPO Rates



Plans	2019 Monthly Rates	2020 Monthly Rates	Difference
Retiree Only	\$496.06	\$496.06	-
Retiree + Spouse	\$1,143.67	\$1,166.92	\$23.25
Retiree + Child	\$1,128.55	\$1,144.24	\$15.69
Retiree + Family	\$1,151.81	\$1,179.13	\$27.32

# 2020 Aetna Max Choice



Medical Options	Max Choice Gold	Max Choice Silver	Max Choice Bronze
Deductible (Individual/Family)	\$1,550/\$3,100	\$2,350/\$4,700	\$3,900/\$7,800
Doctor's Office Visit	15% after deductible	30% after deductible	30% after deductible
Specialist Office Visit	15% after deductible	30% after deductible	30% after deductible
Coinsurance (how much you pay)	15%	30%	30%
Out-of-Pocket Max	\$2,800/\$5,600	\$4,900/\$9,800	\$6,900/\$13,800

# 2020 Aetna Max Choice



Prescription Drug Coverage	Max Choice Gold	Max Choice Silver	Max Choice Bronze
Generic (Retail/Mail)	15% after deductible	30% after deductible	30% after deductible
Preferred Brand (Retail/Mail)	15% after deductible	30% after deductible	30% after deductible
Non-Preferred Brand (Retail/Mail)	15% after deductible	30% after deductible	30% after deductible

# 2020 Aetna Max Choice Rates



Monthly Rates	2019 Max Choice Gold	2020 Max Choice Gold	Difference	2019 Max Choice Silver	2020 Max Choice Silver	Difference	2019 Max Choice Bronze	2020 Max Choice Bronze	Difference
Retiree Only	\$381.60	<b>\$381.60</b>	-	\$232.04	<b>\$232.04</b>	-	\$141.15	<b>\$141.15</b>	-
Retiree + Spouse	\$705.89	<b>\$730.69</b>	\$24.80	\$325.80	<b>\$347.50</b>	\$21.70	\$229.55	<b>\$248.41</b>	\$18.86
Retiree + Child	\$689.77	<b>\$706.51</b>	\$16.74	\$311.69	<b>\$326.34</b>	\$14.65	\$211.03	<b>\$223.76</b>	\$12.73
Retiree + Family	\$742.89	<b>\$772.03</b>	\$29.14	\$375.03	<b>\$400.53</b>	\$25.50	\$257.63	<b>\$279.78</b>	\$22.15



# 2020 Aetna Enhancements



- **New benefit cards should arrive by 01/01/20**
- **Concierge Service**
  - Members will have a dedicated line
  - Can answer questions about services, claims, and wellness program
  - Hours are Monday – Friday, 8:00am – 6:00pm
- **US Imaging**
  - High Quality MRI, CT, and PET Scans
  - Will contact you after doctor has ordered imaging service
  - Cost Savings on average of 30%
- **Expanded new formulary**
  - Aetna Standard Plan

# Pharmacy – Aetna Standard Plan



- **Formulary change from Aetna Value Plan to Aetna Standard Plan**
  - Fewer drugs excluded on the Aetna Standard Plan
  - Letters will be sent to affected members and doctors listing exclusions and alternatives
  - Members can call the phone number listed on the letters or on the back of their Aetna card with questions
  - Visit Aetna **public** website to view the current Aetna Standard Plan

# 2020 Kaiser HMO



Medical Options	Kaiser HMO Gold	Kaiser HMO Silver
Deductible (Individual/Family)	\$1,200/\$2,400	\$2,150/\$4,300
Doctor's Office Visit	\$35 copay	\$65 copay
Specialist Office Visit	\$55 copay	\$85 copay
Coinsurance (how much you pay)	20%	30%
Out-of-Pocket Max	\$3,700/\$7,400	\$6,100/\$12,200

# 2020 Kaiser HMO



Prescription Drug Coverage	Kaiser HMO Gold	Kaiser HMO Silver
Generic (Retail/Mail)	\$10 copay/\$20 copay	\$30 copay/\$60 copay
Preferred Brand (Retail/Mail)	\$40 copay/\$80 copay	\$70 copay/\$140 copay
Non-Preferred Brand (Retail/Mail)	N/A	N/A

# 2020 Kaiser HMO Rates



Monthly Rates	2019 Kaiser HMO Silver	2020 Kaiser HMO Silver	Difference	2019 Kaiser HMO Gold	2020 Kaiser HMO Gold	Difference
Retiree Only	\$197.55	\$197.55	-	\$340.75	<b>\$340.75</b>	-
Retiree + Spouse	\$398.23	\$419.14	\$20.91	\$717.03	<b>\$740.92</b>	\$23.89
Retiree + Child	\$384.63	\$398.74	\$14.11	\$701.51	<b>\$717.64</b>	\$16.13
Retiree + Family	\$405.54	\$430.10	\$24.56	\$725.39	<b>\$753.46</b>	\$28.07

# 2020 Kaiser Features



- **KP Now Telemedicine**
  - Provides members the option to have a same day appointment by telephone or video chat
  - To schedule an appointment call the dedicated phone number at 404.760.3549
- **New benefit cards should arrive by 01/01/2020**



# Aetna Medicare Advantage Plan

# 2020 Aetna Medicare PPO



Medical Options	
Deductible (Individual/Family)	\$150
Preventive Care	\$0
Doctor's Office Visit	\$15 copay
Specialist Office Visit	\$30 copay
Out-of-Pocket Max	\$3,400



# 2020 Aetna Medicare Advantage



Prescription Drug Coverage	Retail/Mail Order
Tier 1 – Generic	\$10/\$15
Tier 2 – Preferred Brand	\$30/\$75
Tier 3 – Non-Preferred Brand	\$60/\$150

# 2020 Retiree Rates

## Aetna Medicare Advantage



Monthly Rates	2019 Premium	2020 Premium	Difference
Retiree Only	\$116.85	<b>\$123.80</b>	\$6.95
Retiree + Family (all Medicare eligible)	\$ 344.13	<b>\$ 370.60</b>	\$26.47



# Blended Plans

# 2020 Blended Plan Rates



Monthly Rates	2019 Aetna Traditional PPO	2020 Aetna Traditional PPO	Difference
Ret + Sp (1 Med)	\$833.24	<b>\$857.56</b>	\$24.32
Ret + Ch(1 Med)	\$677.70	<b>\$684.85</b>	\$7.15
Ret + Fam (2 Med)	\$347.55	<b>\$369.64</b>	\$22.09
Ret + Fam (1 Med)	\$840.22	<b>\$866.54</b>	\$26.32

# 2020 Blended Plan Rates



Monthly Rates	2019 Aetna Max Choice Bronze	2020 Aetna Max Choice Bronze	Difference	2019 Aetna Max Choice Silver	2020 Aetna Max Choice Silver	Difference	2019 Aetna Max Choice Gold	2020 Aetna Max Choice Gold	Difference
Ret + Sp (1 Med)	\$218.15	<b>\$233.57</b>	\$15.42	\$311.70	<b>\$329.38</b>	\$17.68	\$690.82	<b>\$713.85</b>	\$23.03
Ret + Ch (1 Med)	\$193.47	<b>\$205.08</b>	\$11.61	\$299.72	<b>\$314.13</b>	\$14.41	\$679.35	<b>\$702.64</b>	\$23.29
Ret + Fam (2 Med)	\$213.16	<b>\$230.46</b>	\$17.30	\$347.19	<b>\$327.57</b>	\$22.15	\$347.91	<b>\$724.33</b>	\$22.05
Ret + Fam (1 Med)	\$233.96	<b>\$252.21</b>	\$252.21	\$306.97	<b>\$369.34</b>	\$20.60	\$698.59	<b>\$369.96</b>	\$25.74

# 2020 Blended Plan Rates



Monthly Rates	2019 Kaiser HMO Silver	2020 Kaiser HMO Silver	Difference	2019 Kaiser HMO Gold	2020 Kaiser HMO Gold	Difference
Ret + Sp (1 Med)	\$344.70	<b>\$362.52</b>	\$17.82	\$522.35	<b>\$543.24</b>	\$20.89
Ret + Ch (1 Med)	\$333.49	<b>\$348.80</b>	\$15.31	\$510.35	<b>\$529.78</b>	\$19.43
Ret + Fam (2 Med)	\$347.01	<b>\$372.12</b>	\$25.11	\$347.70	<b>\$369.77</b>	\$22.07
Ret + Fam (1 Med)	\$351.52	<b>\$369.20</b>	\$17.68	\$530.02	<b>\$553.85</b>	\$23.83

# 2020 Cigna Dental



- No changes to plan design for DHMO, DPPO Mid Option or DPPO High Option
- No changes to premiums for DHMO
- Slight Increases for DPPO Mid-Option and DPPO High Option

# 2020 Cigna Dental Premiums



Monthly Rates	DHMO	DPPO-Mid	DPPO-High
Plan	2020 Premiums	2020 Premiums	2020 Premiums
Employee Only	\$13.44	\$34.32	\$53.28
Employee Spouse	\$26.87	\$68.59	\$106.55
Employee Child(ren)	\$33.59	\$85.74	\$133.18
Family	\$40.30	\$102.80	\$159.53



# 2020 VSP Vision Plans



- No changes to plan designs or premiums.

Monthly Rates	Basic Plan	Premier Plan
Retiree Only	\$5.38	\$11.34
Retiree Spouse	\$10.98	\$23.14
Retiree + Child(ren)	\$11.35	\$23.91
Family	\$18.13	\$38.24

# Retiree Health Plans Funding



- Other Post-Employment Benefits (OPEB)
  - County-funded trust account
  - Sets subsidy caps for retiree health plan costs

# Reminders



- Annual enrollment will be:  
October 7 – 18
- If you don't need to make any changes to your benefits for the 2020 year, ***no action is required.***
- Print your benefits confirmation statement
- Medicare
  - Contact Human Resources at 770.822.7932 three months prior to becoming Medicare eligible.