gwinnettcounty
GOVERNMENT

2018 Retiree Annual Enrollment

Retiree Health Plans Funding

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

2018 Cigna Dental Plans

Monthly Rates	DHMO	DPPO-Mid	DPPO-High
Retiree Only	$15.81	$36.24	$56.26
Retiree Spouse	$31.61	$72.42	$112.51
Retiree Child(ren)	$39.52	$90.53	$140.63
Family	$47.42	$108.54	$168.45

2018 VSP Vision Plans

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

Pre-Medicare Medical Plans

2018 Aetna Traditional PPO

Medical Options	Aetna Traditional PPO
Deductible (Individual/Family)	$1,300/$2,600
Doctor’s Office Visit	$40
Specialist Office Visit	$65
Coinsurance (how much you pay)	30% after deductible
Out-of-Pocket Max	$3,500/$7,000

2018 Aetna Traditional PPO

Prescription Drug Coverage	Aetna Traditional PPO
Generic (Retail/Mail)	$15 copay/$30 copay
Preferred Brand (Retail/Mail)	$45 copay/$90 copay
Non-Preferred Brand (Retail/Mail)	$70 copay/$140 copay

2018 Aetna Traditional PPO Rates

Plans	Monthly Rates
Retiree Only	$496.06
Retiree + Spouse	$1,120.42
Retiree + Child	$1,112.86
Retiree + Family	$1,124.49

2018 Aetna Max Choice

Medical Options	Max Choice Gold	Max Choice Silver	Max Choice Bronze
Deductible (Individual/Family)	$1,400/$2,800	$2,000/$4,000	$3,650/$7,300
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	$2,200/$4,400	$4,000/$8,000	$6,650/$13,300

2018 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 Branch (Retail/Mail)	15% after deductible	30% after deductible	30% after deductible

2018 Aetna Max Choice Rates

Monthly Rates	Max Choice Gold	Max Choice Silver	Max Choice Bronze
Retiree Only	$381.60	$232.04	$141.15
Retiree + Spouse	$681.09	$304.10	$210.69
Retiree + Child	$673.03	$297.04	$198.30
Retiree + Family	$713.75	$349.53	$235.48

2018 Aetna Plan Changes

- Out of Network Reimbursement Levels will be set at 100% of the Medicare Reimbursement rate
- This means if you are seeing an out of network doctor, your costs may go up

2018 Aetna Pharmacy Changes

Covered Drug List

- The plan will maintain coverage in all therapeutic drug classes
- Some drugs have been removed from the covered drug list
- Some drugs may require a higher copay in the Traditional Plan
- Call an Aetna pharmacist to learn about your options

Clinical Programs

- For some conditions, your doctor will be asked to prescribe a lower cost treatment before more costly options
- Your doctor may need to provide additional information to Aetna about your treatment plan

2018 Aetna Pharmacy Changes

- Members directly impacted will receive a letter in the mail

- If you have questions, ***call 1.888.792.3862 and ask to speak to a pharmacist***

2018 Kaiser HMO

Medical Options	Kaiser HMO Gold	Kaiser HMO Silver
Deductible (Individual/Family)	$1,000/$2,000	$1,800/$3,600
Doctor’s Office Visit	$30 copay	$50 copay
Specialist Office Visit	$50 copay	$70 copay
Coinsurance (how much you pay)	20%	30%
Out-of-Pocket Max	$3,200/$6,400	$5,300/$10,600

2018 Kaiser HMO

Prescription Drug Coverage	Kaiser HMO Gold	Kaiser HMO Silver
Generic (Retail/Mail)	$5 copay/$10 copay	$15 copay/$30 copay
Preferred Brand (Retail/Mail)	$35 copay/$70 copay	$55 copay/$110 copay
Non-Preferred Brand (Retail/Mail)	N/A	N/A

2018 Kaiser HMO Rates

Monthly Rates	Kaiser HMO Gold	Kaiser HMO Silver
Retiree Only	$340.75	$197.55
Retiree + Spouse	$693.14	$377.32
Retiree + Child	$685.38	$370.52
Retiree + Family	$697.32	$380.98

Aetna Medicare Advantage Plan

2018 Aetna Medicare Advantage

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

Diabetic Supplies

- LifeScan is the exclusive vendor for diabetic monitoring supplies
- Variety of models available

2018 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
Tier 4 – Specialty	$100 limited to one-month supply

2018 Prescription Drug Changes

- Some drugs will require a smaller copay
- A small number of drugs will require a higher copay
- The covered drug list has changed. Some drugs have been removed but alternative drugs are covered. In certain instances an exception can be requested
- Members who are impacted will receive a letter

Call Aetna Medicare Advantage Customer Service

1.888.267.2637

2018 Retiree Rates
Aetna Medicare Advantage

Monthly Rates	
Retiree Only	$112.93
Retiree + Family (all Medicare eligible)	$327.12

Blended Plans

2018 Blended Plans

- At least one person is Medicare eligible and one person is pre-Medicare
- Non-Medicare member(s) can be enrolled in any of the pre-Medicare plans
- The Medicare eligible member will be enrolled in Aetna Medicare Advantage

2018 Blended Plan Rates

Monthly Rates	Aetna Traditional PPO	Max Choice Bronze	Max Choice Silver	Max Choice Gold	Kaiser HMO Silver	Kaiser HMO Gold
Ret + Sp (1 Med)	$813.41	$204.30	$295.96	$671.38	$329.05	$504.32
Ret + Ch (1 Med)	$670.55	$187.44	$288.90	$663.28	$322.22	$496.53
Ret + Fam (2 Med)	$331.23	$199.87	$330.96	$331.50	$330.81	$331.34
Ret + Fam (1 Med)	$817.49	$217.07	$287.92	$675.73	$332.71	$508.51

DB Administration

- Transitioning from Empower to Milliman
- Customer Service
  - Same phone number and website
- Monthly Payment
  - Bank name on the check changing from EMJAY Corp to Northern Trust

Reminders

- Annual enrollment will be:

<u>October 9 – 20</u>

- If you don’t need to make any changes to your benefits for the 2018 year, ***no action is required***.
- Medicare
  - Contact Human Resources at 770.822.7932 three months prior to becoming Medicare eligible.