

Dental Plan

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)	Please note: The Schedule of Benefits has changed. For a complete list of DHMO copays, see Schedule of Benefits on My GCHub	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 Rates			
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

Vision Plan

Vision Options	VSP Basic (In-Network)	VSP Premier (In-Network)
Exam	\$10 copay	\$15 copay
Lenses	\$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 Rates		
Retiree Only	\$5.38	\$11.34
Retiree + Spouse	\$10.98	\$23.14
Retiree + Child(ren)	\$11.35	\$23.91
Retiree + Family	\$18.13	\$38.24

Please Note for Your 2017 Tax Return

Under the Affordable Care Act, almost everyone is required to have health coverage. If you have had health coverage provided by Gwinnett County Government as a pre-medicare retiree or dependent for any part of the year, in January 2018, you will receive an IRS Form 1095 that must be provided as a part of your tax returns for 2017. Please be sure your address is correct in My GCHub so you are sure to receive this Form.

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.

If you do not need to make any changes in your benefits for the 2018 year, no action is necessary. Do not forget to print your confirmation statement.

For more detailed information, including the 2018 Retiree Benefit Plan Book, contact your Retiree Liaison, Raechell Dickinson at 770.822.7932 or raechell.dickinson@gwinnettcounty.com.

Your 2018 Retiree Benefits Enrollment Guide

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.



Carefully review the materials in this guide to be sure your current benefits selections are right for you. If you have no changes, you don't need to do anything.

For More Information / To Enroll / To Change

Visit GC Retiree at www.gwinnettcounty.com / GC Retiree / My GCHub
If you need further assistance, you are welcome to call 770.822.7932.

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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	\$377.32	\$693.14	\$210.69	\$304.10	\$681.09	\$1,120.42
Retiree + Child	\$370.52	\$685.38	\$198.30	\$297.04	\$673.03	\$1,112.86
Retiree + Family	\$380.98	\$697.32	\$235.48	\$349.53	\$713.75	\$1,124.49

Monthly Blended Rates

Ret + Sp (1 Med)	\$329.05	\$504.32	\$204.30	\$295.96	\$671.38	\$813.41
Ret + Ch (1 Med)	\$322.22	\$496.53	\$184.44	\$288.90	\$663.28	\$670.55
Ret + Fam (2 Med)	\$330.81	\$331.34	\$199.87	\$330.96	\$331.50	\$331.23
Ret + Fam (1 Med)	\$332.71	\$508.51	\$217.07	\$287.92	\$675.73	\$817.49

Changes to Aetna Pre-Medicare Plans

Pharmacy Changes

- Pharmacy Network
 - Preferred Drug List
- Call an Aetna Pharmacist at 888.792.3862

Medical Changes

- Out of Network Reimbursement Levels
- Call Aetna Customer Service at 855.281.8858

Medicare Eligible Retiree Benefits

Medical Options	Aetna Medicare PPO
Annual Deductible	\$150
Doctor's Office Visit	\$15
Specialist Office Visit	\$30
Ambulance Services	\$75
Annual Out-of-Pocket Maximum	\$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	\$112.93
Retiree + Family	\$327.12

Changes to Aetna Medicare Plan

Pharmacy Changes

- Pharmacy Network
- Preferred Drug List

Call Aetna Customer Service at 888.267.2637

