



DEPARTMENT OF HUMAN RESOURCES

# 2022 Retiree Benefits Enrollment Guide

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# PRE-MEDICARE MEDICAL PLANS

	KAISER		AETNA			
	HMO Silver	HMO Gold	Max Choice Bronze	Max Choice Silver	Max Choice Gold	Traditional PPO
<b>Deductible</b> <i>(Individual/Family)</i>	\$2,150/ \$4,300	\$1,200/ \$2,400	\$3,900/ \$7,800	\$2,350/ \$4,700	\$1,550/ \$3,100	\$1,600/ \$3,200
<b>Doctor Visit</b>	\$65 copay	\$35 copay	30% after ded.	30% after ded.	15% after ded.	\$50 copay
<b>Specialist Visit</b>	\$85 copay	\$55 copay	30% after ded.	30% after ded.	15% after ded.	\$75 copay
<b>Coinsurance</b> <i>(How much you pay)</i>	30% after ded.	20% after ded.	30% after ded.	30% after ded.	15% after ded.	30% after ded.
<b>Out-of-Pocket Max</b> <i>(Individual/Family)</i>	\$6,100/ \$12,200	\$3,700/ \$7,400	\$6,900/ \$13,800	\$4,900/ \$9,800	\$2,800/ \$5,600	\$4,200/ \$8,400
<b>Inpatient Hospital</b>	30% after ded.	20% after ded.	30% after ded.	30% after ded.	15% after ded.	30% after ded.
<b>Emergency Care</b>	30% after ded.	20% after ded.	30% after ded.	30% after ded.	15% after ded.	30% after ded.
<b>Preventive Care</b>	0%	0%	0%	0%	0%	0%
<b>Prescription Drug Coverage</b>						
<b>Generic</b> <i>(Retail/Mail Order – up to 90 days)</i>	\$30 copay/ \$60 copay	\$10 copay/ \$20 copay	30% after ded.	30% after ded.	15% after ded.	\$20 copay/ \$40 copay
<b>Preferred Brand</b> <i>(Retail/Mail Order – up to 90 days)</i>	\$70 copay/ \$140 copay	\$40 copay/ \$80 copay	30% after ded.	30% after ded.	15% after ded.	\$50 copay/ \$100 copay
<b>Non-Preferred Brand</b> <i>(Retail/Mail Order – up to 90 days)</i>	N/A	N/A	30% after ded.	30% after ded.	15% after ded.	\$75 copay/ \$150 copay
<b>Monthly Pre-Medicare Rates</b>						
<b>Retiree Only</b>	\$233.03	\$409.09	\$166.50	\$279.70	\$462.52	\$585.13
<b>Retiree + Spouse</b>	\$519.06	\$902.14	\$315.25	\$559.42	\$925.06	\$1,403.87
<b>Retiree + Child</b>	\$486.98	\$865.52	\$301.26	\$527.62	\$853.12	\$1,368.21
<b>Retiree + Family</b>	\$697.47	\$1,111.39	\$413.28	\$807.32	\$1,236.94	\$1,423.08
<b>Monthly Blended Rates</b>						
<b>Ret + Sp (1 Med)</b>	\$381.77	\$575.94	\$246.46	\$350.14	\$755.63	\$897.10
<b>Ret + Ch (1 Med)</b>	\$301.37	\$468.23	\$175.22	\$274.27	\$623.82	\$593.25
<b>Ret + Fam (1 Med)</b>	\$408.89	\$609.72	\$278.43	\$410.29	\$794.44	\$939.62
<b>Ret + Fam (2 Med)</b>	\$273.56	\$283.29	\$168.89	\$276.23	\$286.08	\$281.26

**Important Notice:** All plan designs listed in this guide are for in-network providers.

To enroll, visit [GwinnettCounty.com](http://GwinnettCounty.com) > GC Retiree > My GCHub

# MEDICARE-ELIGIBLE MEDICAL PLAN

## Humana Medicare Advantage

Deductible ( <i>Individual</i> )	\$150
Doctor Visit	\$15
Specialist Visit	\$30
Ambulance Services	\$75
Out-of-Pocket Max ( <i>Individual</i> )	\$3,400
Inpatient Hospital	\$500 per stay
Emergency Care	\$50
Preventive Care	\$0

## Prescription Drug Coverage

Generic ( <i>Retail/Mail Order – up to 90 days</i> )	\$10/\$15
Preferred Brand ( <i>30 day/90 day</i> )	\$30/\$75
Non-Preferred Brand ( <i>30 day/90 day</i> )	\$60/\$150

## Monthly Rates

Retiree Only	\$54.82
Retiree + Spouse ( <i>both &gt;65</i> )	\$166.76

**Important Notice:** You are required to contact the Gwinnett Benefits Division 60 days prior to the date you or your covered dependent becomes Medicare eligible due to a disability. As soon as you become Medicare eligible, you must immediately enroll in Medicare Part A and Part B in order to continue participating in Gwinnett health plans.

# DENTAL PLANS

Cigna offers three dental plans. Premiums decreased this year.

DENTAL PLANS	Cigna DHMO	Cigna PPO Mid-Option	Cigna PPO High-Option
Deductible ( <i>Individual/Family</i> )	\$0/\$0	\$100/\$300	\$50/\$150
Benefit Maximum	N/A	\$1,000 per person	\$1,500 per person
Diagnostic/Preventive ( <i>e.g., teeth cleanings, X-rays</i> )	For a complete list of DHMO copays, see <i>Schedule of Benefits</i> on GC Retiree	No out-of-pocket cost. Expense applied to benefit maximum.	No out-of-pocket cost. Expense applied to benefit maximum.
Basic Benefits ( <i>e.g., fillings, extractions</i> )		20% after deductible	20% after deductible
Major Benefits ( <i>e.g., crowns, bridges, prosthetics</i> )		50% after deductible	50% after deductible
Orthodontia ( <i>Child and Adult</i> )		Not covered	50% after deductible; \$2,500 lifetime maximum
<b>Monthly Premiums</b>			
Retiree Only	\$12.52	\$31.97	\$49.62
Retiree + Spouse	\$25.03	\$63.89	\$99.25
Retiree + Children	\$31.29	\$79.86	\$124.05
Retiree + Family	\$37.54	\$95.76	\$148.59

Please note, Cigna dental plans do not cover the removal of boney-impacted wisdom teeth, which are covered under the medical plans.

# VISION PLANS

VSP offers two vision plans and several exclusive member extras.

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

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