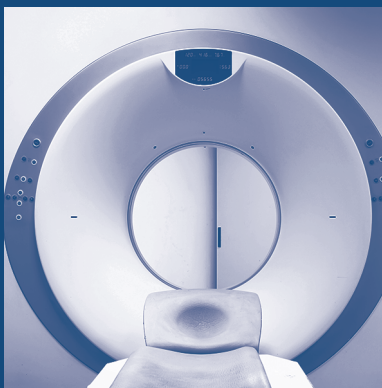
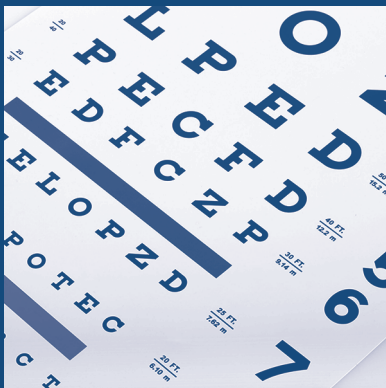


YOUR FULTON COUNTY BENEFITS

Responsibility | Choice | Wellness



2017 Benefits Guide for Retired Employees



This guide provides a summary of benefits available to Fulton County retirees and eligible dependents effective January 1, 2017, as well as laws, procedures and regulations required to obtain and use such benefits. However, if inconsistencies occur between the contents of this benefits guide and the contracts, rules or laws regulating administration of the various programs, the program contract terms and/or appropriate legislation supersede this guide. In some instances, limitations and exclusions may apply.

If you have questions, please contact the benefit program's member service department or the Fulton County Pension Office by email (pensionunit@fultoncountyga.gov) or by phone (404-612-4228 or 404-612-7671).



MEMORANDUM

TO: All Fulton County Retirees

FROM: Hakeem Oshikoya, Finance Director

DATE: September 26, 2016

RE: 2017 Annual Enrollment and Retiree Health, Dental and Vision Rates

The open enrollment period for Retiree Health Care benefits for the year 2017 is September 26 through October 14, 2016. Open Enrollment is the period where retirees can review/elect/decline or make plan changes for the upcoming calendar year. After the open enrollment period, **no changes** can be made except qualified life event changes (marriage, birth of a child, divorce, etc.). The plan options for 2017 remain the same as 2016.

Information about 2017 Open Enrollment and Plan Options for Pre-65 Retirees (Non-Medicare Eligible) and Retirees Age 65 and Older (Medicare Eligible) is provided on the following pages.

Attend one of the sessions below to learn more about your 2017 benefit options.

Open Enrollment Meetings for Retired Employees		
Date	Time	Location
Monday, September 26	9:00 a.m. – 11:00 a.m.	North Service Center Auditorium 7741 Roswell Rd. Atlanta, GA 30350
	1:00 p.m. – 3:00 p.m.	
Thursday, September 29	9:00 a.m. – 11:00 a.m.	South Service Center Auditorium 5600 Stonewall Tell Rd. College Park, GA 30349
	1:00 p.m. – 3:00 p.m.	
Tuesday, October 11	1:00 p.m. – 3:00 p.m.	Piccadilly Cafeteria 2449 Godby Rd. Atlanta, GA 30349

FOR RETIREES NOT ON MEDICARE (Retirees Under Age 65)

You will have the same health plan options for 2017 as you do now.

- **Three Medical Plan Options offered:**

1. **A Consumer-Directed Health Plan with a Health Savings Account (HSA), administered by BlueCross and BlueShield of Georgia (BCBS GA), to help you pay for current and future medical expenses. This is the “HSA Plan.”**

2. **A Point-of-Service (POS) Plan, administered by BCBS GA**, which combines the features of our HMO and PPO plans. This is the “POS Plan.”
 3. **An HMO, administered by Kaiser Permanente**, which only offers in-network coverage. This is the “HMO Plan.”
- **Two Dental Plans, offered through Aetna:**
 1. **Comprehensive Dental PPO**
 2. **Dental HMO. *You Must Choose a Primary Care Dentist.*** Instructions are included in your enrollment kit.
 - **The Vision PPO Plan, offered through EyeMed Vision Care.**
 - **Wellness Initiative Requirements for 2017**
 - All Pre-65 (Non-Medicare Eligible) retirees must complete and return the Tobacco-Use Attestation Form postmarked by October 14, 2016 to avoid the \$50 monthly tobacco-use surcharge. Retirees who fail to complete this requirement by October 14, 2016 will be assessed the \$50 monthly surcharge effective January 1, 2017.
 - To receive your \$240 annual wellness credit for the 2017 plan year, you must have an annual exam with your primary care physician OR attend a biometric screening. Screening events have been scheduled at various locations throughout the county to assist retirees who are unable to get an appointment with their physician for their annual exam by November. If your biometrics are not received by December 31, 2016, you will lose the credit in 2017!
 - ***To have medical, dental and vision coverage starting January 1, 2017, you MUST enroll for this coverage by returning a completed Enrollment Form to the Pension Office postmarked by October 14, 2016. If you do not do so, you and your currently enrolled family members will be enrolled automatically in the Kaiser HMO Plan for 2017, and you will NOT have dental or vision coverage.***

FOR MEDICARE RETIREES (Retirees Age 65+ or Medicare-eligible Retirees Under Age 65)

- **You will have the same health plan options for 2017 as you do now.** Your options will be the following:
 - The Aetna Medicare Advantage PPO Plan with prescription drug coverage
 - The *Enhanced* Aetna Medicare Advantage PPO Plan with prescription drug coverage
 - » The *Enhanced* Aetna Medicare Advantage PPO Plan will offer the highest level of benefits of all medical plans offered to Fulton County Medicare-eligible retirees. If you choose to “buy-up” to this plan, you will pay the full premium rate difference between the Aetna Medicare Advantage PPO Plan and the *Enhanced* Aetna Medicare Advantage PPO Plan.
 - The BlueCross HMO Medicare
 - The BlueCross Medicare Indemnity Plan (PPO)
 - The BlueCross PPO Plus Plan (available only to those currently enrolled in this plan).
- **If you want to keep your current coverage, you *do not* have to complete a new Retiree Enrollment Form. Your current coverage will carry over for 2017.**

- If you want to change, add or delete plan options for medical, dental or vision, or add or delete a dependent, you must complete all sections of the Retiree Enrollment Form and return it to the Pension Office, postmarked by October 14, 2016.
- If you are **not** in the Aetna Medicare Advantage Plan for 2016 and want to enroll in that plan for 2017, or you want to enroll in the Enhanced Aetna Medicare Advantage PPO Plan, you **must** have Medicare Parts A & B, and you **must** call **Aetna at 800-307-4830** by October 14, 2016. You will receive a Confirmation Number. **Keep this number for your records.**
- If you are currently enrolled in the BlueCross HMO Medicare Plan and you have Medicare Parts A & B coverage, you will be enrolled automatically in the Aetna Medicare Advantage Plan. Your coverage will start January 1, 2017. If you don't want Aetna Medicare Advantage Plan coverage, you **must** call **Aetna at 800-307-4830 to opt out of this coverage by October 14, 2016. If applicable, you and your spouse must call Aetna separately to opt-out. Note: There will not be a second opt-out period.**
- **ALL retirees who are Medicare-eligible will be asked to certify Medicare Part B coverage by completing the Part B Affidavit, enclosed in your Retiree Enrollment Kit. Completed affidavits must be returned to the Pension Office postmarked by October 14, 2016.**
- **Two Dental Plans offered through Aetna:**
 1. **Comprehensive Dental PPO**
 2. **Dental HMO. You Must Select a Primary Care Dentist.** See the instructions included in your kit.
- **The Vision PPO Plan, offered through EyeMed Vision Care.**

Take a Close Look at the Aetna Medicare Advantage Plan with Prescription Drug Coverage and the *Enhanced* Aetna Medicare Advantage Plan with Prescription Drug Coverage!

If you are age 65 or older, or you are under age 65 but are Medicare-eligible, and you are enrolled in Medicare Part B, the Aetna Medicare Advantage Plan (MADV) with Prescription Drug Coverage or the *Enhanced* MADV Plan may be an excellent choice for you. These plans offer lower out-of-pocket costs when you need care, and lower monthly premium costs compared with your other Fulton County health care options. If you choose the *Enhanced* MADV Plan, you will receive the highest level of benefits of all medical plans offered to Fulton County Medicare-eligible retirees. Both MADV plans also offer special benefits, such as SilverSneakers®—the exercise, fitness and wellness program.

Take the time now to explore the MADV plans, and review and compare monthly premiums for each plan. If you have questions about the MADV plans, please call Aetna: 800-307-4830.



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What You Need to Do (Please Read This!)

- If you are under age 65 and you want medical, dental and vision coverage starting January 1, 2017, you **MUST** enroll for this coverage by returning a completed Enrollment Form to the Pension Office postmarked by October 14, 2016. If you do not do so, you and your currently enrolled family members will be enrolled automatically in the Kaiser HMO Plan for 2017, and you will **NOT** have dental or vision coverage.
- If you and/or your spouse are age 65 or older, or you are under age 65 but Medicare-eligible (on Medicare disability) and you are enrolled in Medicare Part B, and you are enrolled in the BCBS HMO Medicare Plan:
 - Your 2017 medical coverage will be provided by the Aetna Medicare Advantage (MADV) PPO Plan, unless you opt out of that plan by calling Aetna (800-307-4830) by October 14, 2016. Aetna's call center is available from 8:00 a.m. to 6:00 p.m., Eastern Time, Monday – Friday.
 - » If you call to opt out, you will receive a confirmation number from Aetna. Please write down this number and keep it in a safe place.
 - » **If you are the primary retiree, you and your spouse must call individually to opt out.** One confirmation number will be provided for you and one will be provided for your spouse.
 - » **IMPORTANT:** You must call Aetna by October 14, 2016 if you want to opt-out of the MADV Plan for 2017. Otherwise, you must stay in the MADV Plan from January 1, 2017 – December 31, 2017. The next time you can make a coverage change will be the fall of 2017, for coverage effective January 1, 2018. **There will not be a separate opt-out period after the October 14, 2016 Annual Enrollment deadline.**
 - You and/or your spouse are age 65 or older and enrolled in the PPO Plus or Medicare Indemnity Plan **OR**
 - You and/or your spouse are age 65 or older, you and/or your spouse are under age 65 but Medicare eligible (on Medicare disability), you are enrolled in Medicare Part B, and you are currently enrolled in the MADV Plan.
- **If you want dental coverage** starting January 1, 2017, and you are not currently enrolled in a dental plan, you must return a completed Retiree Enrollment Form to the Pension Office postmarked by the October 14, 2016 Annual Enrollment deadline.
- **If you want vision coverage** starting January 1, 2017, and you are not currently enrolled in a vision plan, you must return a completed Retiree Enrollment Form to the Pension Office postmarked by the October 14, 2016 Annual Enrollment deadline.
- To make other changes to your current coverage (e.g., add or delete dependents, or switch from the BCBS HMO Medicare Plan to the BCBS Medicare Indemnity Plan), return a completed Retiree Enrollment Form to the Pension Office postmarked by October 14, 2016. **Be sure to include Social Security numbers and supporting documentation for all new dependents.**

If You Enroll in a BCBS Plan, Choose Care at Grady

If you enroll in a BCBS medical plan, your care for the services shown below is fully paid (that is, there is no cost to you) when received at a Grady facility. **(NOTE: If you are enrolled in the HSA Plan and use Grady Health System providers, services will be covered at 100% after you meet the annual deductible.)**

- **Inpatient services**, for hospitalizations, inpatient testing and other services
- **Outpatient services**, for doctor visits, outpatient treatment and other services
- **Neighborhood health centers**, for visits to Grady's neighborhood clinics.

See page 23 for more information.

Questions?

- If you have questions about Annual Enrollment, please email them to pensionunit@fultoncountyga.gov, or call 404-612-4228 or 404-612-7671.
- If you have questions about the Aetna Medicare Advantage PPO Plan or the *Enhanced* Aetna Medicare Advantage PPO Plan, please call Aetna: 800-307-4830.



2017 Monthly Premium Rates: Retirees Under Age 65

Retired 2004 or Earlier

	Total Cost	Monthly Medical Premium Rates			
		Without Wellness Credit (No \$20/mo. Rate Reduction)		With Wellness Credit (\$20/mo. Rate Reduction)	
		County	Retiree	County	Retiree
HSA Plan					
• Retiree	\$769.97	\$692.98	\$77.00	\$712.98	\$57.00
• Retiree + 1	\$1,471.90	\$1,324.71	\$147.19	\$1,344.71	\$127.19
• Family	\$1,965.58	\$1,769.02	\$196.56	\$1,789.02	\$176.56
POS Plan					
• Retiree	\$956.53	\$860.88	\$95.65	\$880.88	\$75.65
• Retiree + 1	\$1,765.48	\$1,588.93	\$176.55	\$1,608.93	\$156.55
• Family	\$2,395.57	\$2,156.02	\$239.56	\$2,176.02	\$219.56
HMO Plan					
• Retiree	\$696.31	\$626.68	\$69.63	\$646.68	\$49.63
• Retiree + 1	\$1,331.06	\$1,197.95	\$133.11	\$1,217.95	\$113.11
• Family	\$1,777.53	\$1,599.78	\$177.75	\$1,619.78	\$157.75

Retired 2005

	Total Cost	Monthly Medical Premium Rates			
		Without Wellness Credit (No \$20/mo. Rate Reduction)		With Wellness Credit (\$20/mo. Rate Reduction)	
		County	Retiree	County	Retiree
HSA Plan					
• Retiree	\$769.97	\$654.48	\$115.50	\$674.48	\$95.50
• Retiree + 1	\$1,471.90	\$1,251.11	\$220.78	\$1,271.11	\$200.78
• Family	\$1,965.58	\$1,670.74	\$294.84	\$1,690.74	\$274.84
POS Plan					
• Retiree	\$956.53	\$813.05	\$143.48	\$833.05	\$123.48
• Retiree + 1	\$1,765.48	\$1,500.66	\$264.82	\$1,520.66	\$244.82
• Family	\$2,395.57	\$2,036.24	\$359.34	\$2,056.24	\$339.34
HMO Plan					
• Retiree	\$696.31	\$591.86	\$104.45	\$611.86	\$84.45
• Retiree + 1	\$1,331.06	\$1,131.40	\$199.66	\$1,151.40	\$179.66
• Family	\$1,777.53	\$1,510.90	\$266.63	\$1,530.90	\$246.63

Retired 2006

	Total Cost	Monthly Medical Premium Rates			
		Without Wellness Credit (No \$20/mo. Rate Reduction)		With Wellness Credit (\$20/mo. Rate Reduction)	
		County	Retiree	County	Retiree
HSA Plan					
• Retiree	\$769.97	\$639.08	\$130.90	\$659.08	\$110.90
• Retiree + 1	\$1,471.90	\$1,221.68	\$250.22	\$1,241.68	\$230.22
• Family	\$1,965.58	\$1,631.43	\$334.15	\$1,651.43	\$314.15
POS Plan					
• Retiree	\$956.53	\$793.92	\$162.61	\$813.92	\$142.61
• Retiree + 1	\$1,765.48	\$1,465.35	\$300.13	\$1,485.35	\$280.13
• Family	\$2,395.57	\$1,988.33	\$407.25	\$2,008.33	\$387.25
HMO Plan					
• Retiree	\$696.31	\$577.94	\$118.37	\$597.94	\$98.37
• Retiree + 1	\$1,331.06	\$1,104.78	\$226.28	\$1,124.78	\$206.28
• Family	\$1,777.53	\$1,475.35	\$302.18	\$1,495.35	\$282.18

Retired 2007 – 2011

	Total Cost	Monthly Medical Premium Rates			
		Without Wellness Credit (No \$20/mo. Rate Reduction)		With Wellness Credit (\$20/mo. Rate Reduction)	
		County	Retiree	County	Retiree
HSA Plan					
• Retiree	\$769.97	\$615.98	\$153.99	\$635.98	\$133.99
• Retiree + 1	\$1,471.90	\$1,177.52	\$294.38	\$1,197.52	\$274.38
• Family	\$1,965.58	\$1,572.46	\$393.12	\$1,592.46	\$373.12
POS Plan					
• Retiree	\$956.53	\$765.23	\$191.31	\$785.23	\$171.31
• Retiree + 1	\$1,765.48	\$1,412.38	\$353.10	\$1,432.38	\$333.10
• Family	\$2,395.57	\$1,916.46	\$479.11	\$1,936.46	\$459.11
HMO Plan					
• Retiree	\$696.31	\$557.05	\$139.26	\$577.05	\$119.26
• Retiree + 1	\$1,331.06	\$1,064.85	\$266.21	\$1,084.85	\$246.21
• Family	\$1,777.53	\$1,422.02	\$355.51	\$1,442.02	\$335.51

Retired 2012 – 2015

	Total Cost	Monthly Medical Premium Rates			
		Without Wellness Credit (No \$20/mo. Rate Reduction)		With Wellness Credit (\$20/mo. Rate Reduction)	
		County	Retiree	County	Retiree
HSA Plan					
• Retiree	\$769.97	\$600.58	\$169.39	\$620.58	\$149.39
• Retiree + 1	\$1,471.90	\$1,148.08	\$323.82	\$1,168.08	\$303.82
• Family	\$1,965.58	\$1,533.15	\$432.43	\$1,553.15	\$412.43
POS Plan					
• Retiree	\$956.53	\$746.10	\$210.44	\$766.10	\$190.44
• Retiree + 1	\$1,765.48	\$1,377.08	\$388.41	\$1,397.08	\$368.41
• Family	\$2,395.57	\$1,868.55	\$527.03	\$1,888.55	\$507.03
HMO Plan					
• Retiree	\$696.31	\$543.12	\$153.19	\$563.12	\$133.19
• Retiree + 1	\$1,331.06	\$1,038.23	\$292.83	\$1,058.23	\$272.83
• Family	\$1,777.53	\$1,386.47	\$391.06	\$1,406.47	\$371.06

Retired 2016 and Later

	Total Cost	Monthly Medical Premium Rates			
		Without Wellness Credit (No \$20/mo. Rate Reduction)		With Wellness Credit (\$20/mo. Rate Reduction)	
		County	Retiree	County	Retiree
HSA Plan					
• Retiree	\$769.97	\$615.98	\$153.99	\$635.98	\$133.99
• Retiree + 1	\$1,471.90	\$1,177.52	\$294.38	\$1,197.52	\$274.38
• Family	\$1,965.58	\$1,572.46	\$393.12	\$1,592.46	\$373.12
POS Plan					
• Retiree	\$956.53	\$717.40	\$239.13	\$737.40	\$219.13
• Retiree + 1	\$1,765.48	\$1,324.11	\$441.37	\$1,344.11	\$421.37
• Family	\$2,395.57	\$1,796.68	\$598.89	\$1,816.68	\$578.89
HMO Plan					
• Retiree	\$696.31	\$557.05	\$139.26	\$577.05	\$119.26
• Retiree + 1	\$1,331.06	\$1,064.85	\$266.21	\$1,084.85	\$246.21
• Family	\$1,777.53	\$1,422.02	\$355.51	\$1,442.02	\$335.51

All Non-Medicare Retirees

	Monthly Dental Premium Rates		
	Total Cost	County	Retiree
Dental HMO Plan			
• Retiree	\$16.57	\$12.43	\$4.14
• Retiree + 1	\$32.32	\$24.24	\$8.08
• Family	\$53.04	\$39.78	\$13.26
Comprehensive Dental PPO Plan			
• Retiree	\$32.87	\$24.65	\$8.22
• Retiree + 1	\$67.21	\$50.41	\$16.80
• Family	\$88.09	\$66.06	\$22.02

Vision Plan	Monthly Vision Premium Rates		
	Total Cost	County	Retiree
• Retiree	\$16.21	\$9.40	\$6.81
• Retiree + 1	\$16.21	\$9.40	\$6.81
• Family	\$16.21	\$9.40	\$6.81

2017 Monthly Premium Rates: Retirees Age 65 or Older

	Total Cost	Retired 2016 and Later		Retired 2012 – 2015		Retired 2007 – 2011	
		County	Retiree	County	Retiree	County	Retiree
BCBS HMO Medicare							
• Retiree	\$807.47	\$645.97	\$161.49	\$629.82	\$177.64	\$645.97	\$161.49
• Family	\$1,525.28	\$1,220.22	\$305.06	\$1,189.72	\$335.56	\$1,220.22	\$305.06
BCBS Medicare Indemnity							
• Retiree	\$617.63	\$463.22	\$154.41	\$450.87	\$166.76	\$463.22	\$154.41
• Family	\$1,582.29	\$1,186.72	\$395.57	\$1,155.07	\$427.22	\$1,186.72	\$395.57
BCBS Medicare PPO Plus							
• Retiree	\$617.63	N/A	N/A	N/A	N/A	N/A	N/A
• Family	\$1,582.29						

	Total Cost	Retired 2006		Retired 2005		Retired 2004 or earlier	
		County	Retiree	County	Retiree	County	Retiree
BCBS HMO Medicare							
• Retiree	\$807.47	\$670.20	\$137.27	\$686.35	\$121.12	\$726.72	\$80.75
• Family	\$1,525.28	\$1,265.98	\$259.30	\$1,296.49	\$228.79	\$1,372.75	\$152.53
BCBS Medicare Indemnity							
• Retiree	\$617.63	\$475.57	\$142.05	\$481.75	\$135.88	\$494.10	\$123.53
• Family	\$1,582.29	\$1,218.36	\$363.93	\$1,234.19	\$348.10	\$1,265.83	\$316.46
BCBS Medicare PPO Plus							
• Retiree	\$617.63	N/A	N/A	N/A	N/A	\$555.86	\$61.76
• Family	\$1,582.29					\$1,424.06	\$158.23

	Total Cost		Retired 2016 and Later			Retired 2012 – 2015		
			County	Retiree		County	Retiree	
	MADV	Enhanced MADV		MADV	Enhanced MADV		MADV	Enhanced MADV
Aetna Medicare Advantage PPO								
• Retiree ("REE")	\$251.08	\$325.75	\$200.86	\$50.22	\$124.89	\$195.84	\$55.24	\$129.91
• REE+1	\$502.16	\$651.50	\$401.73	\$100.43	\$249.77	\$391.68	\$110.48	\$259.82
• Family	\$753.24	\$977.25	\$602.59	\$150.65	\$374.66	\$587.53	\$165.71	\$389.72
• MA REE+SP+1 U65 HMO Dep	\$1,309.63	\$1,458.97	\$1,047.70	\$261.93	\$411.27	\$1,021.51	\$288.12	\$437.46
• MA REE+SP+2 U65 HMO Deps	\$2,027.44	\$2,176.78	\$1,621.95	\$405.49	\$554.83	\$1,581.40	\$446.04	\$595.38
• MA REE+1 U65 HMO Dep	\$1,058.55	\$1,133.22	\$846.84	\$211.71	\$286.38	\$825.67	\$232.88	\$307.55
• MA REE+2 U65 HMO Deps	\$1,776.36	\$1,851.03	\$1,421.09	\$355.27	\$429.94	\$1,385.56	\$390.80	\$465.47
• MA SP+U65 HMO REE	\$1,058.55	\$1,133.22	\$846.84	\$211.71	\$286.38	\$825.67	\$232.88	\$307.55
• MA SP+U65 HMO REE+1 U65 HMO Dep	\$1,776.36	\$1,851.03	\$1,421.09	\$355.27	\$429.94	\$1,385.56	\$390.80	\$465.47
• MA SP+O65 Ind REE	\$868.71	\$943.38	\$664.08	\$204.62	\$279.29	\$646.71	\$222.00	\$296.67
• MA REE+1 O65 Ind Dep	\$868.71	\$943.38	\$664.08	\$204.62	\$279.29	\$646.71	\$222.00	\$296.67
• MA REE+2 O65 Ind Deps	\$1,833.37	\$1,908.04	\$1,387.58	\$445.79	\$520.46	\$1,350.91	\$482.46	\$557.13
• MA REE+SP+1 O65 Ind Dep	\$1,119.79	\$1,269.13	\$864.95	\$254.84	\$404.18	\$842.55	\$277.23	\$426.57

	Total Cost		Retired 2007 – 2011			Retired 2006		
			County	Retiree		County	Retiree	
	MADV	Enhanced MADV		MADV	Enhanced MADV		MADV	Enhanced MADV
Aetna Medicare Advantage PPO								
• Retiree ("REE")	\$251.08	\$325.75	\$200.86	\$50.22	\$124.89	\$208.40	\$42.68	\$117.35
• REE+1	\$502.16	\$651.50	\$401.73	\$100.43	\$249.77	\$416.79	\$85.37	\$234.71
• Family	\$753.24	\$977.25	\$602.59	\$150.65	\$374.66	\$625.19	\$128.05	\$352.06
• MA REE+SP+1 U65 HMO Dep	\$1,309.63	\$1,458.97	\$1,047.70	\$261.93	\$411.27	\$1,086.99	\$222.64	\$371.98
• MA REE+SP+2 U65 HMO Deps	\$2,027.44	\$2,176.78	\$1,621.95	\$405.49	\$554.83	\$1,682.77	\$344.66	\$494.00
• MA REE+1 U65 HMO Dep	\$1,058.55	\$1,133.22	\$846.84	\$211.71	\$286.38	\$878.59	\$179.95	\$254.62
• MA REE+2 U65 HMO Deps	\$1,776.36	\$1,851.03	\$1,421.09	\$355.27	\$429.94	\$1,474.38	\$301.98	\$376.65
• MA SP+U65 HMO REE	\$1,058.55	\$1,133.22	\$846.84	\$211.71	\$286.38	\$878.59	\$179.95	\$254.62
• MA SP+U65 HMO REE+1 U65 HMO Dep	\$1,776.36	\$1,851.03	\$1,421.09	\$355.27	\$429.94	\$1,474.38	\$301.98	\$376.65
• MA SP+O65 Ind REE	\$868.71	\$943.38	\$664.08	\$204.62	\$279.29	\$683.97	\$184.74	\$259.41
• MA REE+1 O65 Ind Dep	\$868.71	\$943.38	\$664.08	\$204.62	\$279.29	\$683.97	\$184.74	\$259.41
• MA REE+2 O65 Ind Deps	\$1,833.37	\$1,908.04	\$1,387.58	\$445.79	\$520.46	\$1,426.76	\$406.61	\$481.28

	Total Cost		Retired 2007 – 2011			Retired 2006		
			County	Retiree		County	Retiree	
	MADV	Enhanced MADV		MADV	Enhanced MADV		MADV	Enhanced MADV
• MA REE+SP+1 O65 Ind Dep	\$1,119.79	\$1,269.13	\$864.95	\$254.84	\$404.18	\$892.36	\$227.42	\$376.76

	Total Cost		Retired 2005			Retire 2004 or Earlier		
			County	Retiree		County	Retiree	
	MADV	Enhanced MADV		MADV	Enhanced MADV		MADV	Enhanced MADV
Aetna Medicare Advantage PPO								
• Retiree (“REE”)	\$251.08	\$325.75	\$213.42	\$37.66	\$112.33	\$225.97	\$25.11	\$99.78
• REE+1	\$502.16	\$651.50	\$426.84	\$75.32	\$224.66	\$451.94	\$50.22	\$199.56
• Family	\$753.24	\$977.25	\$640.25	\$112.99	\$337.00	\$677.92	\$75.32	\$299.33
• MA REE+SP+1 U65 HMO Dep	\$1,309.63	\$1,458.97	\$1,113.18	\$196.44	\$345.78	\$1,178.66	\$130.96	\$280.30
• MA REE+SP+2 U65 HMO Deps	\$2,027.44	\$2,176.78	\$1,723.32	\$304.12	\$453.46	\$1,824.69	\$202.74	\$352.08
• MA REE+1 U65 HMO Dep	\$1,058.55	\$1,133.22	\$899.77	\$158.78	\$233.45	\$952.69	\$105.85	\$180.52
• MA REE+2 U65 HMO Deps	\$1,776.36	\$1,851.03	\$1,509.90	\$266.45	\$341.12	\$1,598.72	\$177.64	\$252.31
• MA SP+U65 HMO REE	\$1,058.55	\$1,133.22	\$899.77	\$158.78	\$233.45	\$952.69	\$105.85	\$180.52
• MA SP+U65 HMO REE+1 U65 HMO Dep	\$1,776.36	\$1,851.03	\$1,509.90	\$266.45	\$341.12	\$1,598.72	\$177.64	\$252.31
• MA SP+O65 Ind REE	\$868.71	\$943.38	\$695.17	\$173.54	\$248.21	\$720.07	\$148.63	\$223.30
• MA REE+1 O65 Ind Dep	\$868.71	\$943.38	\$695.17	\$173.54	\$248.21	\$720.07	\$148.63	\$223.30
• MA REE+2 O65 Ind Deps	\$1,833.37	\$1,908.04	\$1,447.60	\$385.77	\$460.44	\$1,491.80	\$341.57	\$416.24
• MA REE+SP+1 O65 Ind Dep	\$1,119.79	\$1,269.13	\$908.58	\$211.20	\$360.54	\$946.04	\$173.74	\$323.08

PLEASE BE SURE THAT THE PENSION OFFICE HAS SOCIAL SECURITY NUMBERS FOR ALL OF YOUR ENROLLED DEPENDENTS. If you need to make changes and/or provide Social Security numbers for your dependents, complete the enclosed Retiree Enrollment Form and return it to the Pension Office postmarked by **October 14, 2016**. To enroll in or opt-out of an Aetna Medicare Advantage PPO Plan, please call Aetna: 800-307-4830. All changes will be effective January 1, 2017.

Monthly Dental and Vision Premium Rates

	Monthly Dental Premium Rates
	Retiree
Dental HMO Plan	
• Retiree	\$16.57
• Family	\$38.50
Comprehensive Dental PPO Plan	
• Retiree	\$32.87
• Family	\$74.60

	Monthly Vision Premium Rates		
	Total Cost	County	Retiree
Vision Plan			
• Retiree	\$16.21	\$9.40	\$6.81
• Retiree + 1	\$16.21	\$9.40	\$6.81
• Family	\$16.21	\$9.40	\$6.81

Simple Steps to Lowering Your 2017 Monthly Premium for Retirees Under Age 65 (Non-Medicare Eligible)

- You can reduce your 2017 premium under any of the medical plans by \$20 each month by making an appointment to see your doctor between NOW and November to get your biometrics **OR** attending a biometric screening campaign if you are unable to see your provider. You must complete the requirements with the Medical Plan Provider (BCBS or Kaiser) that you are currently enrolled with for 2016 by December 31, 2016. Below are the instructions for current BCBS and Kaiser HMO Participants.

Current BCBS Participants

- Schedule your appointment between NOW and November. Then your doctor can fax a Physician Form once your results are ready any time between now and November, to complete a step towards earning your 2017 wellness credit!

- To obtain your Physician Form, visit <http://www.promotehealthyhabits.com/Form>, enter your information and click Submit. Your customer code is Fulton. Select "I would like to request a physician form" and then follow the steps on the next few screens. Be sure to provide an email address so you will get a confirmation of receipt.
- If you cannot access the Physician Form online, call 877-252-8410 to request a paper form. The form will arrive via mail within 10 business days of the request. The quickest way to obtain the form is by downloading it. If you request the form by phone, please do so early enough to receive it and have it processed before the December 31, 2016 deadline!
- Biometric screenings are on a first-come first-served basis and must be scheduled up to 12 days before the session you want to attend.
- Only if you are unable to get an appointment with your doctor by November, register through the Online Scheduler, beginning September 15, for a biometric screening at one of the locations below.

SCREENING LOCATION	DATE	TIME
Juvenile Justice Center 395 Pryor Street, Rm 2145 Atlanta, GA 30312	October 12, 2016	9:00 a.m. – 3:30 p.m.
Fulton County Jail 901 Rice Street NW Atlanta, GA 30318	October 13, 2016 November 1, 2016	6:00 a.m. – 7:00 p.m.
South Service Center 5600 Stonewall Tell Rd. College Park, GA 30349	October 18, 2016 November 10, 2016	10:00 a.m. – 3:00 p.m.
Fulton Industrial Blvd @ FIB 5440 Fulton Industrial Blvd. Atlanta, GA 30336	October 19, 2016	10:00 a.m. – 2:00 p.m.
Fulton County Government Center 141 Pryor Street, Atrium Atlanta, GA 30303 (Screening will be in back Hall, before entering the Assembly Hall)	October 25, 2016 November 15, 2016	8:00 a.m. – 4:30 p.m.
North Service Center 7741 Roswell Rd. Sandy Spring, GA 30350	November 3, 2016 November 14, 2016	10:00 a.m. – 2:00 p.m.

Current Kaiser HMO Plan Participants

- There are three things you must do to reduce your premium by \$20 each month:
 - Get a biometrics screening
 - Complete a healthy lifestyle program
 - Complete age- and gender-appropriate cancer screenings.
- Schedule your annual exam with your primary care doctor between **NOW** and November to complete one step towards earning your 2017 wellness credit!
- **Only if you are unable to get an appointment with your doctor by November, register through the Online Scheduler, for a biometric screening at one of the locations below.**
- **Log on to www.kp.org/wellnessevent. Enter this sign-up code: Fulton.**
- Screenings are on a first-come first-served basis and must be scheduled up to 12 days before the session you want to attend.

Tobacco-Use Attestation

- All Pre-65 (Non-Medicare Eligible) retirees must complete and return the ***Tobacco-Use Attestation Form postmarked by October 14, 2016 to avoid the \$50 monthly tobacco-use surcharge. The form is in your enrollment kit. Retirees who fail to complete this requirement will be assessed the \$50 monthly surcharge effective January 1, 2017.***
- If you **are** a tobacco user and you complete the ***Tobacco-Use Attestation Form and pledge that you will enroll in a tobacco-cessation program, and you return the form postmarked by October 14, 2016*** you will avoid the \$50 monthly tobacco-use surcharge. If you are a tobacco user and do not pledge to enroll in a tobacco-cessation program by ***October 14, 2016***, you will be assessed the \$50 monthly tobacco-use surcharge effective January 1, 2017.

SCREENING LOCATION	DATE	TIME
Juvenile Justice Center 395 Pryor Street, Rm 2145 Atlanta, GA 30312	September 13, 2016 October 12, 2016	10:00 a.m. – 2:00 p.m. 9:00 a.m. – 3:30 p.m.
Fulton County Jail 901 Rice Street NW Atlanta, GA 30318	October 13, 2016 November 1, 2016	6:00 a.m. – 7:00 p.m. 6:00 a.m. – 7:00 p.m.
South Service Center 5600 Stonewall Tell Rd. College Park, GA 30349	September 14, 2016 October 18, 2016 November 10, 2016	10:00 a.m. – 2:00 p.m. 10:00 a.m. – 3:00 p.m. 10:00 a.m. – 3:00 p.m.
Fulton Industrial Blvd @ FIB 5440 Fulton Industrial Blvd. Atlanta, GA 30336	September 19, 2016 October 19, 2016	10:00 a.m. – 2:00 p.m. 10:00 a.m. – 2:00 p.m.
Fulton County Government Center 141 Pryor Street, Atrium Atlanta, GA 30303 (Screening will be in back Hall before entering the Assembly Hall)	September 12, 2016 October 25, 2016 November 15, 2016	10:00 a.m. – 2:00 p.m. 8:00 a.m. – 4:30 p.m. 8:00 a.m. – 4:30 p.m.
North Service Center 7741 Roswell Rd. Sandy Spring, GA 30350	September 15, 2016 October 26, 2016 November 14, 2016	10:00 a.m. – 2:00 p.m. 10:00 a.m. – 2:00 p.m. 10:00 a.m. – 2:00 p.m.

Terms to Know

It's easiest to understand how your selected health care plan will work when you understand the terms most commonly used to explain your coverage. Here are terms to know and understand:

- **Annual Deductible:** The annual amount of covered charges you must pay before the plan pays benefits.
- **Copay:** A flat dollar amount you must pay for a medical service such as an office visit, emergency room visit, etc.
- **Coinsurance:** The percentage of covered charges you and the plan pay after you meet the annual deductible. For example, if a plan pays 90% of covered charges after the deductible, you would pay the remaining 10%.
- **Annual Out-of-Pocket Maximum:** This is the most you pay for covered services during a plan year. It includes your deductible, copays, and coinsurance.
- **Exclusions:** Charges, services or supplies that are not covered. A plan does not provide or pay for excluded items, nor do charges for them apply toward your deductible or out-of-pocket limit.
- **Reasonable and Customary Charge:** This is the allowed amount for medically necessary services and supplies to which your coinsurance is applied. It is based on the amounts providers in a geographic area usually charge for the same or similar medical service. For out-of-network care, you pay any amounts over the Reasonable and Customary charge. You do not pay amounts over the Reasonable and Customary charge when you receive in-network care.

Retirees Under Age 65: A Look at Your Medical Plan Options

For 2017, Fulton County will offer the following same three Medical Plans offered in 2016:

1. **The Consumer-Directed Health Plan (CDHP)** with a Health Savings Account (HSA), administered by BCBS GA. This is the "HSA Plan."
2. **The Point-of-Service (POS) Plan**, administered by BCBS GA. This is the "POS Plan."
3. **An HMO Plan**, administered by Kaiser Permanente (Kaiser). This is the "HMO Plan."

The HSA and POS Plans give you the flexibility to visit any provider in or out of the BCBS GA network. This means the plans pay benefits whether you receive care in-network or out-of-network. However, you pay **less** when you visit an in-network provider. That's because in-network providers discount their charges.

The HMO Plan pays benefits only when you receive care from an HMO Plan network provider. Otherwise, the plan **does not** pay benefits (except in case of emergency). All three plans offer preventive care coverage, comprehensive coverage for a wide range of medical services and supplies, and a large network of providers (primary doctors, specialists and hospitals).

How the HSA Plan Works

Here are highlights of the HSA Plan, administered by BCBS GA.

- **The HSA Plan is an IRS HSA-qualified health plan with a Health Savings Account. It uses the same BCBS network of providers as the POS Plan.**
- **You and the Plan share the cost of your care through your annual deductible and coinsurance.**
 - Your annual deductible is the amount you pay before the Plan starts paying benefits.
 - Coinsurance is the percentage of covered

charges you and the plan pay after you meet the annual deductible.

- Once you reach the Plan’s out-of-pocket maximum, the Plan pays 100% of covered expenses for the rest of the plan year.
- **Preventive care and preventive medications (as described under the Affordable Care Act—the ACA) are covered 100% by the Plan with no deductible or coinsurance, when received in-network.** This means there is no cost to you for specified preventive care and medicines. Preventive care includes an annual routine physical exam, routine immunizations and age- and gender-appropriate tests and screenings, such as mammograms and colonoscopies. Preventive medications include select tobacco-cessation generic prescription drugs and FDA-approved over-the-counter tobacco-cessation products. They also include contraceptives, including generic prescription contraceptive drugs, brand-name drugs with no generic alternative and certain over-the-counter items.
- **When you enroll in the plan, a Health Savings Account will be set up in your name automatically.** Your account will start with a balance provided by Fulton County. You can also contribute to your HSA, up to IRS annual limits: \$2,600 single/\$5,250 family (not including the County’s contribution), plus \$1,000 if you are age 55 or older. You can make your contributions online or by check. **Contributions will be made with after-tax dollars. To save on taxes by contributing to your HSA, you must itemize your contribution on your tax return form.**

You can use your HSA to help you meet the Plan’s deductible and pay other out-of-pocket covered medical expenses. The annual amount you receive in your HSA from Fulton County depends on the coverage level you choose—Retiree, Retiree + 1, or Family. Contributions to your account will be made quarterly, as shown on page 14.

Coverage Tier	Quarterly Contribution	Annual Total Contribution
• Retiree Only	\$187.50	\$750.00
• Retiree + 1	\$375.00	\$1,500.00
• Family	\$375.00	\$1,500.00

If you enroll in this Plan, you’ll receive a welcome kit and debit card from HealthEquity, the HSA administrator. You can use the debit card to pay covered medical, dental and vision expenses. This includes amounts you pay toward meeting your deductible, and for copays and coinsurance. Visit HealthEquity’s website to learn about covered expenses, how to use your Account, and how to track your Account transactions: www.healthequity.com. See page 14 for coverage details.

How the POS Plan Works

Here are highlights of the POS Plan, administered by BCBS GA.

- **The POS Plan has the same provider network as the HSA Plan.**
- **You and the Plan share the cost of your care through an annual deductible, copays and coinsurance.**
 - Your annual deductible is the amount you pay before the Plan starts paying benefits.
 - A copay is a flat dollar amount you pay for a medical service such as an office visit, emergency room visit, etc.
 - Coinsurance is the percentage of a covered charge you and the plan pay after you meet the annual deductible.
 - Once you reach the Plan’s out-of-pocket maximum, the Plan pays 100% of covered expenses for the rest of the plan year.

- **Preventive care and preventive medications (as described under the Affordable Care Act—the ACA) are covered 100% by the Plan with no deductible or coinsurance, when received in-network.** This means there is no cost to you for specified preventive care and medicines. Preventive care includes an annual routine physical exam, routine immunizations, and age- and gender-appropriate tests and screenings, such as mammograms and colonoscopies. Preventive medications include select tobacco-cessation generic prescription drugs and FDA-approved over-the-counter tobacco-cessation products. They also include contraceptives, including generic prescription contraceptive drugs, brand-name drugs with no generic alternative, and certain over-the-counter items.

See page 15 for coverage details.



How the HMO Plan Works

Here are highlights of the HMO Plan, administered by Kaiser Permanente.

- **The HMO Plan has a different provider network and health care model than the HSA and POS Plans.** Kaiser owns a broad network of providers, located on 29 medical campuses in the metropolitan Atlanta and Athens service areas. For hospital services, Kaiser collaborates with Piedmont Hospital, Northside Hospital, Gwinnett Medical Center, Children's Healthcare of Atlanta (CHOA), and Athens Regional Medical Center. If you're interested in this plan for 2017, visit my.kp.org/Fulton to see the medical campus locations nearest you.
- **The plan pays benefits only when you receive care from an HMO Plan network provider or partner provider.** Otherwise, the plan **does not** pay benefits (except, in the case of emergency). A partner provider is a provider that has a contractual relationship with Kaiser Permanente but is not employed by Kaiser.
- **You and the Plan share the cost of your care only through copays**—there is no annual deductible or coinsurance.
- **Preventive care and preventive medications (as described under the Affordable Care Act—the ACA) are covered 100% by the Plan with no copay.** This means there is no cost to you for specified preventive care and medicines. Preventive care includes an annual routine physical exam, routine immunizations and age- and gender-appropriate tests and screenings, such as mammograms and colonoscopies. Preventive medications include select tobacco-cessation generic prescription drugs and FDA-approved over-the-counter tobacco-cessation products. They also include contraceptives, including generic prescription contraceptive drugs, brand-name drugs with no generic alternative, and certain over-the-counter items.

See page 15 for coverage details.

Medical Plan Comparison: Retirees Under Age 65

	HSA Plan*		POS Plan*		HMO Plan
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
HSA Contribution	\$750 Single \$1,500 EE + 1 \$1,500 Family		Not Available		Not Available
Annual Deductible	\$1,500 Single \$3,000 EE + 1 \$3,000 Family	\$3,000 Single \$6,000 EE + 1 \$6,000 Family	\$250 Single \$375 EE + 1 \$500 Family	\$500 Single \$750 EE + 1 \$1,000 Family	No deductible
Annual Out-of-Pocket Maximum	\$3,000 Single \$6,000 EE + 1 \$6,000 Family	\$6,000 Single \$12,000 EE + 1 \$12,000 Family	\$2,000 Single \$3,000 EE + 1 \$4,000 Family	\$4,000 Single \$6,000 EE + 1 \$8,000 Family	\$6,450 Single \$12,900 Family
Coinsurance	90%	60%	90%	60%	100%
Preventive Care	100%, no deductible	60% after deductible	100%, no deductible	60%	100%
Office Visit	90% after deductible	60% after deductible	\$25 PCP \$40 SPC	60% after deductible	\$25 PCP \$40 SPC
Hearing Aid Benefit	90% after deductible	60% after deductible	90% after deductible	60% after deductible	100%, up to \$2,000 annual maximum
Outpatient Lab & X-Ray	90% after deductible	60% after deductible	90% after deductible	60% after deductible	100%
Hospital Emergency Room	90% after deductible	90% after deductible	\$150 copay/visit (copay waived, if admitted)	\$150 copay/visit (copay waived, if admitted)	\$150 copay/visit (copay waived, if admitted)
Urgent Care	90% after deductible	60% after deductible	\$50 copay/visit	60% after deductible	\$50 copay/visit at designated facilities
Inpatient Hospital	90% after deductible	60% after deductible	90% after deductible	60% after deductible	\$250 copay/admission
Outpatient Hospital	90% after deductible	60% after deductible	90% after deductible	60% after deductible	\$150 copay/visit
Maternity Care • Pre/Post Delivery Exams	90% after deductible	60% after deductible	90% after deductible	60% after deductible	\$25 PCP/initial visit; \$35 OB/GYN/initial visit; \$120 copay/admission
• Delivery					\$120 copay for professional fees/doctor
Skilled Nursing Facility	90% after deductible	60% after deductible	90% after deductible	60% after deductible	100%, up to 120 days/year
Home Health Care	90% after deductible	60% after deductible	90% after deductible	60% after deductible	100%, up to 120 days/year
Mental Health Benefits • Outpatient	90% after deductible	60% after deductible	90% after deductible	60% after deductible	\$25 copay
• Inpatient					\$120 copay
• Intermediate/Alternative Care					100%

* If you are enrolled in the POS Plan and use Grady Health System providers, no deductibles, copays or coinsurance payments are required. **If you are enrolled in the HSA Plan and use Grady Health System providers, services will be covered at 100%, after you meet the deductible.**

	HSA Plan		POS Plan		HMO Plan
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
Retail (30-day supply)	90% after deductible	60% after deductible	\$10 copay	60% after deductible	\$10 copay
• Generic			\$30 copay		\$30 copay
• Preferred Brand			\$50 copay		\$50 copay
• Non-Preferred Brand			\$75 copay		\$75 copay
Specialty Brand					
Mail Order (90-day supply)	90% after deductible	Not Available	\$20 copay	Not Available	\$20 copay
• Generic			\$60 copay		\$60 copay
• Preferred Brand			\$100 copay		\$100 copay
• Non-Preferred Brand			\$150 copay		\$150 copay
• Specialty Brand					

Retirees Age 65 and Older: A Look at Your Medical Plan Options

For 2017, Fulton County will offer retirees age 65 or older the same medical plans they are now offered:

- The Aetna Medicare Advantage PPO Plan with prescription drug coverage
- The *Enhanced* Aetna Medicare Advantage PPO Plan with prescription drug coverage
- The BlueCross HMO Medicare Plan
- The BlueCross Medicare Indemnity Plan (PPO)
- The BlueCross PPO Plus Plan (**Available to retirees who are under age 65, whose last day as an active employee was on or before December 31, 1991, and who enrolled in the PPO Plus Plan at that time.**)

How the Medicare Advantage and *Enhanced* Medicare Advantage PPO Plans Work

NOTE: If you are currently enrolled in the BCBS HMO Medicare Plan and you have Medicare Parts A & B coverage, you will be enrolled automatically in the Aetna Medicare Advantage PPO Plan. *Your coverage in the*

Aetna Medicare Advantage PPO Plan for 2017 will be effective January 1, 2017. To opt out of the Aetna Medicare Advantage PPO Plan and stay in the BCBS GA HMO Medicare Plan for 2017, you must call Aetna by the October 14, 2016 Annual Enrollment deadline: 800-307-4830 (TDD: 711), 8:00 a.m. to 6:00 p.m., Eastern Time, Monday – Friday.

Here are highlights of the Medicare Advantage and *Enhanced* Medicare Advantage PPO Plans, administered by Aetna.

- **A Medicare Advantage PPO Plan is a type of Medicare health plan offered by a private company that contracts with Medicare to provide all your Medicare Part A and Part B benefits.** If you are currently enrolled in Medicare Parts A and B, you can choose coverage under the Aetna Medicare Advantage PPO Plan or the *Enhanced* Aetna Medicare Advantage PPO Plan.
- **The *Enhanced* Aetna Medicare Advantage PPO Plan offers the greatest benefits available to Medicare Retirees. However, your cost of coverage is higher than the Aetna Medicare Advantage PPO Plan.**
- **The *Enhanced* Aetna Medicare Advantage PPO Plan pays 100% of covered expenses.** There is no deductible, coinsurance or copayment under this plan.

- **The Aetna Medicare Advantage PPO Plan offers greater benefits than the BCBS HMO and PPO Plans. Plus, the premiums are lower** for the Aetna Medicare Advantage PPO Plan than for the HMO and PPO Plans, for Medicare-eligible retirees.
- **You only make copayments for covered services under the Aetna Medicare Advantage PPO Plan.** There is no deductible or coinsurance for this plan.
- **You can visit any willing Medicare-approved provider under the Aetna Medicare Advantage and Aetna *Enhanced* Medicare Advantage PPO Plans—that is, a doctor or other medical provider who accepts Medicare—and receive benefits.** You can visit a Medicare provider even if he or she is not in an Aetna network. No matter which willing provider you visit, you will receive the same plan benefit.
- **Prescription drugs are included. The Aetna Medicare Advantage and *Enhanced* Medicare Advantage PPO Plans** provide prescription drug coverage for retail and mail order prescriptions.
- **Preventive care is covered 100% under the Aetna Medicare Advantage and *Enhanced* Medicare Advantage PPO Plans.** You pay nothing from your wallet when you receive preventive care, like a routine annual physical, eye exam, mammogram, flu shot and more.
- **You can choose the Aetna Medicare Advantage or *Enhanced* Medicare Advantage PPO Plans no matter where you live in the U.S.—not just in Georgia.** The plans include coverage for all Medicare Parts A and B benefits (hospital services, doctor visits and outpatient care), prescription drug benefits, plus additional important benefits.
- **You have access to a wide array of preventive care, well-being and fitness programs under the Medicare Advantage**

and *Enhanced* Medicare Advantage PPO Plans. These include preventive services, the nationally acclaimed SilverSneakers® Fitness program, disease management programs, health management programs, hearing aid reimbursement and alternative care services.

How the HMO Medicare Plan Works

Here are highlights of the HMO Medicare Plan, administered by BCBS.

- **This plan supplements benefits paid by Medicare.** Medicare pays benefits first, then the Plan pays benefits.
- **You receive benefits only for care provided by or referred by your BCBS GA HMO network Primary Care Provider (PCP).** Otherwise, the plan **does not** pay benefits (except in case of emergency).
- **You and the Plan share the cost for your care only through copays—**there is no annual deductible or coinsurance.
- **Preventive care and preventive medications are covered 100% by the Plan with no copay.** This means there is no cost to you for specified preventive care and medicines. Preventive care covers such things as an annual routine physical exam, routine immunizations and age- and gender-appropriate tests and screenings, such as mammograms and colonoscopies. Preventive medications include select tobacco-cessation generic prescription drugs and FDA-approved over-the-counter tobacco-cessation products. They also include contraceptives, including generic prescription contraceptive drugs, brand-name drugs with no generic alternative and certain over-the-counter items.

How the Medicare Indemnity Plan Works

Here are highlights of the Medicare Indemnity Plan, administered by BCBS.

- **This plan supplements benefits paid by Medicare.** It pays 100% of the amounts Medicare does not pay, based on eligible, covered expenses.
- **The plan pays benefits when you see any provider**—there is no distinction between in-network and out-of-network coverage.
- **You and the Plan share the cost for your care through your annual deductible.**
 - Your deductible is the amount you pay before the Plan starts paying benefits.
- **The plan does not have an out-of-pocket maximum.**



How the PPO Plus Plan Works

Here are highlights of the PPO Plus Plan, administered by BCBS.

- **This Plan's provider network is larger than HMO Medicare Plan's provider network.**
- **You and the Plan share the cost for your care through your annual deductible and coinsurance.**
 - Your deductible is the amount you pay before the Plan starts paying benefits.
 - Coinsurance is the percentage of a covered expense you pay after you meet the annual deductible.
 - Once you reach the Plan's out-of-pocket maximum, the Plan pays 100% of covered expenses.
- **Preventive care and preventive medications are covered 100% by the Plan with no deductible or coinsurance, when received in-network.** This means there is no cost to you for specified preventive care and medicines. Preventive care includes an annual routine physical exam, routine immunizations and age- and gender-appropriate tests and screenings, such as mammograms and colonoscopies. Preventive medications include select tobacco-cessation generic prescription drugs and FDA-approved over-the-counter tobacco-cessation products. They also include contraceptives, including generic prescription contraceptive drugs, brand-name drugs with no generic alternative and certain over-the-counter items.

See page 18 for coverage details.

Medical Plan Comparison: Retirees Age 65 and Over

An Overview of the PPO Plus Plan

Please note that Reasonable and Customary (R&C) allowances apply to all PPO Plus Plan benefits.

PPO Plus Plan

	What You Pay	
	In-Network	Out-of-Network
Emergency Room Services <ul style="list-style-type: none"> Life-threatening medical conditions Non-emergency use of emergency room is NOT covered 	10% of charges*	10% of charges*
Accidental Injury (Outpatient Services) <ul style="list-style-type: none"> Outpatient services rendered within 14 days of an accident Not subject to deductible 	Plan pays 100%	Plan pays 100%
Outpatient Doctor's Visit	10% of charges*	10% of charges*
Physician's Office Visits	10% of charges*	10% of charges*
Ambulance	10% of charges*	10% of charges*
Hospital Charges	10% of charges*	20% of charges*
Surgeon's Fees	10% of charges*	20% of charges*
Preventive Care <ul style="list-style-type: none"> Physical Assessment Routine Immunizations Annual Gynecology Tissue Exam Mammogram Screening Chlamydia Screening Test Prostate Exam Child Wellness (not subject to deductible) 	Covered at 100%	Covered at 100%
Allergy Testing, Shots and Serum	10 % of charges*	20% of charges*
EAP <ul style="list-style-type: none"> Mental Health Care and Substance Abuse Treatment Inpatient Hospital/Physician Services See page 26 for details	8 free short-term counseling sessions 10% of charges*	8 free short-term counseling sessions 10% of charges*
Lab, X-ray and Other Covered Diagnostic Tests	10% of charges*	20% of charges*
Pre-Admission Testing	10% of charges*	20% of charges*
Second Surgical Opinion (voluntary and not subject to deductible)	Plan pays 100%	Plan pays 100%
Skilled Nursing Facility (120 calendar days per year)	10% of charges**	10% of charges**
Home Health Care (120 calendar days per year)	10% of charges**	10% of charges**
Birthing Centers	20% of charges*	20% of charges*
Maternity Services (includes pre- and post-natal and delivery)	10% of charges*	20% of charges*

*Subject to calendar year deductible.

**In- and out-of-network days combined apply toward limits. Subject to calendar year deductible.

PPO Plus Plan *continued*

	What You Pay	
	In-Network	Out-of-Network
Hearing Aid Benefit	10% of charges *	10% of charges *
Durable Medical Equipment	10% of charges *	10% of charges *
External Prosthetic Appliances	20% of charges *	20% of charges *
Speech Therapy (30 visits per calendar year)	10%*	10%*
Hospice Care Services	10%*	10%*
Chiropractic Care	10% of charges* up to \$1,000 per calendar year	10% of charges* up to \$1,000 per calendar year
Physical Therapy	10% of charges* up to 60 visits per calendar year	10% of charges* up to 60 visits per calendar year
Respiratory Therapy	10%*	20%*
Prescription Drugs	See page 23 for an overview of prescription drug coverage	
Dental Care	See page 25 for an overview of the Dental Program	
Vision Care	See page 26 for an overview of the Vision Care Program	

*Subject to calendar year deductible.

A Comparison of the Medicare Indemnity Plan and the *Enhanced Aetna Medicare Advantage PPO Plan*

	What You Pay	
	BCBS Medicare Indemnity Plan (In-Network or Out-of Network)	<i>Enhanced Aetna Medicare Advantage PPO Plan</i> (In-Network or Out-of Network)
Plan Benefit		
• Method of Coordination or Integration with Medicare	100% Coordination of Benefits	Not Applicable
• Plan Deductible	\$100	\$0
• Member Coinsurance	0%	0%
• Annual Maximum Out-of-Pocket Limit	Unlimited	\$0
• PCP	\$0 after Medicare	\$0
• PCP After Hours	\$0 after Medicare	\$0
Specialty Care		
• Office Visits	\$0 after Medicare	\$0
• X-rays	\$0 after Medicare	\$0
• Lab Tests	\$0 after Medicare	\$0
• Complex Radiology (includes CAT/ PET/MRI)	\$0 after Medicare	\$0
• Therapy (physical, occupational, and speech)	\$0 after Medicare	\$0
• Home Health Services	\$0 after Medicare	\$0
• Durable Medical Equipment	\$0 after Medicare	\$0
• Prosthetic Devices	\$0 after Medicare	\$0
• Part B Prescriptions	\$0 after Medicare	\$0
• Outpatient Surgery	\$0 after Medicare	\$0

A Comparison of the Medicare Indemnity Plan and the *Enhanced* Aetna Medicare Advantage PPO Plan *continued*

	Retiree Cost-Share	
	BCBS Medicare Indemnity Plan (In-Network or Out-of Network)	<i>Enhanced</i> Aetna Medicare Advantage PPO Plan (In-Network or Out-of Network)
Specialty Care <i>continued</i>		
• Skilled Nursing (100 days per benefit period)	\$0 after Medicare	\$0
• Urgent Care	\$0 after Medicare	\$0
• Hospital Admission	\$0 after Medicare	\$0
• Emergency Room (waived if admitted)	\$0 after Medicare	\$0
• Foreign Travel Emergency	\$0 after Medicare	\$0
• Ambulance	\$0 after Medicare	\$0
Preventive Care		
• Routine Physical	\$0	\$0
• Routine Eye Exam	\$0	\$0
• Routine GYN Exam	\$0	\$0
• Routine Mammogram	\$0	\$0
• Bone Mass Measurement	\$0	\$0
• Colorectal Screening Exams	\$0	\$0
• Prostate Cancer Screening	\$0	\$0
• Annual Wellness Exam	\$0	\$0
• Immunizations (Pneumonia, Flu and Hepatitis B)	\$0	\$0
• Routine Hearing Exam	\$0	\$0
• Chiropractic (Medicare-covered only)	\$0	\$0
Mental Health		
• Inpatient (unlimited days)	\$0	\$0
• Outpatient Mental Health Treatment	\$0	\$0
• Inpatient Substance Abuse Treatment	\$0	\$0
• Outpatient Substance Abuse Treatment	\$0	\$0
Added Benefits		
• Vision Eyewear Reimbursement	\$200/12 months, offered through EyeMed Vision Plan, if you enroll for Vision coverage	\$200/24 months
• Hearing Aid Reimbursement	\$0 after Medicare	\$2,000/12 months
• Fitness Membership	None	SilverSneakers
Prescription Drug Program	Pharmacy Plan	Pharmacy Plan* G64+G52
• Annual Deductible	\$0	\$0
• Tier 1 Generic	\$10 Retail/\$15 Mail Order	\$10 Retail/\$15 Mail Order
• Tier 2 Preferred Brand	\$25 Retail/\$45 Mail Order	\$25 Retail/\$45 Mail Order
• Tier 3 Non-Preferred Brand	\$45 Retail/\$90 Mail Order	\$45 Retail/\$90 Mail Order
• Tier 4 Specialty	\$60 Retail/\$120 Mail Order	\$60 Retail/\$120 Mail Order

*The pharmacy plans have the same copays, but the *Enhanced* Aetna MADV PPO Plan offers an open formulary, which covers all Medicare-covered drugs and includes coverage for erectile dysfunction, weight loss, weight gain, cough/cold and multivitamins. The *Enhanced* Aetna MADV PPO Plan also allows for multi-source drugs, which are ones that have a brand-name and generic equivalent on the formulary. The current Aetna MADV PPO Plan only covers brand-name or the generic version, but not both.

A Comparison of the BCBS GA HMO Medicare Plan and the Aetna Medicare Advantage PPO Plan

BCBS HMO Medicare and Aetna Medicare Advantage PPO Plans

	What You Pay	
	BCBS GA HMO Medicare Plan (In-Network)	Aetna Medicare Advantage PPO Plan (In-Network or Out-of Network)
Method of Coordination or Integration with Medicare	Coordination of Benefits	Not Applicable
Deductible	\$0	\$0
Annual Maximum Out-of-Pocket Limit	None	\$1,000
PCP	\$25	\$15
PCP After Hours	\$25	\$15
Specialty Care		
• Office Visits	\$35	\$15
• X-rays	\$0	\$0
• Lab Tests	\$0	\$0
• Complex Radiology (includes CAT/PET/MRI)	\$0	\$0
• Therapy (Physical, Occupational & Speech)	\$35 copay, up to 60 visits per condition	\$15
• Home Health Services	10%, up to 120 days per calendar year	\$0
• Durable Medical Equipment	\$1,500/calendar year	\$0
• Prosthetic Devices	\$1,500/calendar year for initial prosthetic only	\$0
• Outpatient Surgery	\$120	\$60
• Hospital Admission	\$120	\$120 per stay
• ER (waived if admitted)	\$90	\$65
• Urgent Care	\$35	\$15
• Ambulance	\$0	\$0
Preventive Care		
• Routine Physical	\$0	\$0
• Routine Eye Exam	\$0	\$0
• Routine GYN Exam	\$0	\$0
• Routine Mammogram	\$0	\$0
• Bone Mass Measurement	\$0	\$0
• Colorectal Screening Exams	\$0	\$0
• Prostate Cancer Screening	\$0	\$0
• Annual Wellness Exam	\$0	\$0
• Immunizations (Pneumonia, Flu and Hepatitis B)	\$0	\$0

BCBS HMO Medicare and Aetna Medicare Advantage PPO Plans *continued*

	What You Pay	
	BCBS HMO Medicare Plan (In-Network)	Aetna Medicare Advantage PPO Plan (In-Network or Out-of Network)
Preventive Care <i>continued</i>		
• Routine Hearing exam	\$0	\$0
• Chiropractic (Medicare-covered only)	\$35 acute injury only; routine: 20-visit calendar year limit	\$15
Mental Health		
• Skilled Nursing (100 days per benefit period)	10%, up to 120 days per calendar year	\$0, up to 100 days per calendar year
• Inpatient (unlimited days)	\$120	\$120 per stay
• Outpatient Mental Health	\$35	\$15
• Inpatient Substance Abuse	\$120	\$120 per stay
• Outpatient Substance Abuse	\$35	\$15
Added Benefits		
• Fitness Benefit	None	SilverSneakers free gym membership
• Hearing Aid Reimbursement	\$2,000/calendar year	\$2,000/calendar year
Prescription Drug Program	Express Scripts	Aetna Pharmacy
• Tier 1 Generic	\$10 Retail/\$15 Mail Order	\$10 Retail/\$15 Mail Order
• Tier 2 Preferred Brand	\$25 Retail/\$45 Mail Order	\$25 Retail/\$45 Mail Order
• Tier 3 Non-Preferred Brand	\$45 Retail/\$90 Mail Order	\$45 Retail/\$90 Mail Order
• Tier 4 Specialty	\$60 Retail/\$120 Mail Order	\$60 Retail/\$120 Mail Order
• Catastrophic Coverage	N/A	Greater of \$2.55/5% generic Greater of \$6.35/5% all others



It Pays to Choose Grady Health System

BCBS GA and health care provider Grady Health System together offer you access to high-quality health services at no cost to you when you need medical care.

Grady is one of the largest public hospital systems in the Southeast and is a world-renowned teaching hospital. It's staffed with doctors from the Emory University and Morehouse Schools of Medicine—two of the most prestigious medical teaching institutions in the U.S.

If you enroll in the POS Plan, the HMO Medicare Plan, the Medicare Indemnity Plan, or the Medicare PPO Plus Plan, your care for the following is fully paid (that is, there is no cost to you) when received at a Grady facility. If you enroll in the HSA Plan and use Grady Health System providers, services will be covered at 100%, after you meet the deductible.

- **Inpatient services**, for hospitalizations, inpatient testing and other services
- **Outpatient services**, for doctor visits, outpatient treatment and other services
- **Neighborhood health centers**, for visits to Grady's neighborhood clinics.

Grady facilities you can use include the following:

- **Asa G Yancey Health Center**
1247 Donald Lee Hollowell Parkway, NW
Atlanta, GA 30318
404-616-2265
Hours: Monday - Friday 7:30 a.m. to 5:00 p.m.
- **East Point Health Center**
1595 W. Cleveland Avenue
East Point, GA 30344
404-616-2886
Hours: Monday, Wednesday, Thursday, Friday 8:00 a.m. to 5:00 p.m.; Tuesday 8:00 a.m. to 7:00 p.m.

- **Grady Memorial Hospital**
80 Jesse Hill Jr. Drive, SE
Atlanta, GA 30303
404-616-1000
Hours: 24 hours a day, seven days a week
- **Kirkwood Health Center**
1863 Memorial Drive, SE
Atlanta, GA 30317
404-616-9304
Hours: Monday, Tuesday, Thursday, Friday 7:00 a.m. to 5:00 p.m.; Wednesday 10:00 a.m. to 7:00 p.m.
- **Lindbergh Health Center**
2695 Buford Highway, NE, Suite 200
Atlanta, GA 30324
404-616-6999
Hours: Monday - Friday 8:00 a.m. to 5:00 p.m.
- **North DeKalb Health Center**
3807 Clairmont Road, NE
Chamblee, GA 30341
404-616-0700
Hours: Monday, Tuesday, Wednesday, Friday 8:00 a.m. to 5:00 p.m.; Thursday 8:00 a.m. to 7:00 p.m.
- **North Fulton Health Center**
7741 Roswell Road
Sandy Springs, GA 30350
404-612-2273
Hours: Monday - Friday 8:00 a.m. to 5:00 p.m.
- **Ponce De Leon Center**
341 Ponce De Leon Avenue
Atlanta, GA 30308
404-616-2440
Hours: Monday - Friday 8:00 a.m. to 5:00 p.m.
- **Walk-In Center**
56 Jesse Hill Jr Drive SE
Atlanta, GA 30303
404-616-6661
Hours: Monday - Friday 7:00 a.m. to 7:00 p.m.

BlueCross BlueShield Medicare Prescription Drug Program

If you are age 65 or older and you enroll in the HMO Medicare Plan, Medicare Indemnity Plan, or the PPO Plus Plan, your prescription drug benefits will be provided by Express Scripts.

You can fill your prescriptions at a retail pharmacy that participates in Express Scripts'

network (most retail pharmacies do) or by mail order. Visit www.bcbsga.com to find a network retail pharmacy near you. Or, call BCBS GA customer service at the number shown on your medical plan ID card.

How Much you Pay for Prescriptions Filled Through Express Scripts

Retail Prescriptions (up to a 30-day supply)

- **Tier 1 (generic drugs):** \$10
- **Tier 2 (preferred brand name drugs):** \$25
- **Tier 3 (non-preferred brand name drugs):** \$45
- **Tier 4 (specialty and injectable drugs):** \$60

Mail-order Prescriptions (up to a 90-day supply)

- **Tier 1 (generic drugs):** \$15
- **Tier 2 (preferred brand name drugs):** \$45
- **Tier 3 (non-preferred brand name drugs):** \$90
- **Tier 4 (specialty and injectable drugs):** \$120

What Tier is my Prescription Drug?

Visit www.bcbsga.com and see the **Express Scripts Prescription Drug List** to search for your medication by name or by class. The search result will tell you the Tier your medication is in. It will also list any generic or preferred brand alternatives. Below are helpful prescription drug definitions.

- **Tier 1 (generic drugs):** A generic drug has to have the same active ingredients, safety, dosage, quality and strength as its brand drug counterpart and is sold under its chemical or scientific name.
- **Tier 2 (preferred brand drugs):** Preferred brand drugs are patented products that provide superior outcomes based on safety, efficacy, and cost, as determined by the BCBS GA Pharmacy & Therapeutics Committee.

- **Tier 3 (non-preferred brand drugs):** Non-preferred brand drugs are those patented products which provide no advantages over available over-the-counter products, generics or preferred brands as determined by the BCBS GA Pharmacy & Therapeutics Committee.
- **Tier 4 (specialty and injectable drugs):** Specialty drugs are used to treat complex, chronic conditions and may require special handling and/or management. Self-administered injectables include drugs that can be safely administered by self-injection by a member, according to the FDA's label directions for administering the drug.

IMPORTANT NOTE ABOUT “DISPENSE AS WRITTEN” PRESCRIPTIONS. When your doctor prescribes a prescription drug, ask him/her if a generic version is available. *If it is, but your doctor writes “Dispense as Written” (or “DAW”) on your prescription and your prescription is filled with the brand-name drug, you will pay more—you’ll pay the generic drug copay plus the difference in cost between the generic drug and the brand-name drug. Visit www.bcbsga.com to see if your brand-name drug has a generic equivalent.*

Express Scripts Online Prescription Drug Tools

Once you become an Express Scripts member, sign in to your member account on www.bcbsga.com and select the Pharmacy Member Services link. There you’ll find tools to help you understand your prescription drug benefits and costs, including:

- The amount you’ll pay for your prescription at your local pharmacy.
- The generic drug equivalents that may be more cost effective choices for you.
- Whether a specific drug is covered by your plan.

On the Pharmacy page of www.bcbsga.com, you can also find:

- FDA drug recalls and warnings
- Drug reaction and interaction guidance
- Your prescription drug benefits information.

Dental Plans

Fulton County offers comprehensive dental plan coverage for you and your family. You have two dental plan options to choose from, as shown at right. Aetna administers both plans.

- **Comprehensive PPO Dental Plan**
- **Dental HMO Plan**

To have dental coverage starting January 1, 2017 you must enroll, even if you are enrolled now for dental coverage.

Aetna Dental HMO Plan

Under the Dental HMO Plan, you and each enrolled family member choose a primary care dentist. Your primary care dentist will treat you or refer you for care to other Aetna Dental HMO network providers. The Plan pays benefits for preventive, basic and major care when provided by or referred by your primary care dentist. (Orthodontia care is also covered—you don't need a referral for this category of care.) Benefits are not paid for care received without a referral or from non-network dentists, except in case of emergency. However, this plan has the following advantages when compared with the current Comprehensive Dental PPO Plan:

- Lower monthly premiums than the Comprehensive Dental PPO Plan
- No deductibles
- No annual benefit maximum
- Generally, lower out-of-pocket expenses when you receive care.

Aetna Comprehensive Dental PPO Plan

Under the Comprehensive Dental PPO Plan, you receive benefits for care from in-network or out-of-network dentists. When you receive care from in-network dentists, you pay less. That's because in-network dentists discount their charges. When you receive care from an out-of-network dental provider, you are responsible for paying the difference in cost if your dentist charges more than Aetna's pre-approved network fees. Plus, you must file a claim and may be required to pay the entire cost of care at the time of treatment and wait for reimbursement.

Below is a comparison of the two dental plans.

Aetna Dental HMO and PPO Plans

Plan Feature	Dental HMO	Dental PPO
Deductible	None	\$50 Single; up to \$150 Family
Preventive Services	100%	100% of reasonable and customary charges*
Basic Services	100%	85% of reasonable and customary charges*
Major Services	60%	50% of reasonable and customary charges*
Annual Benefit Maximum	None	\$1,500/person
Orthodontia Services	No referral required \$1,500 copay (for 2 years of treatment plus 2 years of follow up)	Deductible: \$50/person Lifetime maximum: \$1,500/person

* The normal amount charged by most dental providers in your geographic region, as determined by Aetna.

Vision Plan

The Vision Plan is administered by EyeMed Vision Care. With EyeMed, you can receive vision care, lenses, frames and contact lenses from any provider. If you choose a network provider (including leading optical retailers such as LensCrafters®, Sears Optical and most Pearle Vision® locations), the plan pays greater benefits, as shown below.

Vision Benefit Summary

Vision Benefits	What's Covered	
Examination	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 12 months	
Provider Services	In-Network	Out-of-Network
Examination	Plan pays 100%, up to \$50	Up to \$50 allowance
Eye Glass Lenses and Frames	Up to \$200 allowance*	Up to \$100 allowance
Contact Lenses (in lieu of glasses and frames)	Up to \$200 allowance (or 100% if medically necessary)*	Up to \$160 allowance (up to \$200 if medically necessary)

*Unused portion of the \$200 allowance can be used for future services. You will receive a 20% discount at in-network providers on items not fully covered by the plan.

To find a network provider, visit www.eyemedvisioncare.com or call 866-723-0596. If you elect vision coverage, you can enroll all your eligible dependents for the same cost as you pay for yourself only.

Employee Assistance Program (EAP)

If you enroll in a BCBS GA plan, you and your family members can access the EAP program, administered by BCBS GA. The EAP provides free, confidential, short-term assistance and counseling designed to help you and your family members resolve a variety of personal concerns.

EAP services are paid 100% by Fulton County—you pay nothing for this benefit. **(Note: If you enroll in the HMO Plan, you can receive up to eight counseling sessions under this plan at no cost to you. For additional sessions, and for other EAP services, the EAP will refer you to Kaiser's Behavioral Health services.)** EAP services include the following:

- **Toll-free telephone consultation, coaching and crisis stabilization** with a licensed mental health professional.
- **Up to eight free, face-to-face counseling visits**, available at convenient locations, to address personal and/or work-related problems. These include, but aren't limited to, stress, depression, anxiety, health and wellness.
- **Legal services**, including a 30-minute consultation with an attorney (by phone or in person) at no cost to you, plus a 25% discount for normal attorney fees, if additional services are required.
- **Financial services**, including a 30-minute consultation with a Certified Public Accountant or Certified Financial Planner (by phone or in person) at no cost to you, plus a 25% discount off normal consultation fees, if additional services are required.
- **Customized resources, referrals and information for family care**, including child care and parenting, senior and dependent adult care, education selection and preparation, health and wellness and customer education.
- **Access to the BlueCross BlueShield website** offering self-assessments and a library of valuable articles on mental health, stress management, work/life balance, relationships, substance abuse, emotional well-being and legal and financial resources.

EAP services are available 24/7 by calling 800-999-7222 or visiting www.AnthemEAP.com (password: Fulton).

Important Contact Information

Plan	Carrier	Contact
BlueCross and BlueShield of Georgia (BCBS GA) Medical Plans (HSA Plan and POS Plan)	BlueCross and BlueShield of Georgia	800-474-2227 www.bcbsga.com
BCBSGA Pre-Admission Certification and Referral Authorization	BlueCross and BlueShield of Georgia	800-662-9023; 800-722-6614
BCBSGA Prescription Drugs (Retail)	BlueCross and BlueShield of Georgia	800-474-2227 www.bcbsga.com
Express Scripts Prescription Drugs (Mail Order)	Express Scripts	888-613-6091 www.bcbsga.com
Mental Health and Substance Abuse Care and Services	BlueCross and BlueShield of Georgia	800-292-2879 www.bcbsga.com
Employee Assistance Program	BlueCross and BlueShield of Georgia	800-999-7222 www.AnthemEAP.com (password: Fulton)
HMO Plan	Kaiser Permanente	404-239-6940 my.kp.org/Fulton
Health Savings Account (HSA Plan)	HealthEquity	877-713-7712 www.healthequity.com
Medicare Advantage PPO Plan	Aetna	800-307-4830 (TTY/TDD: 711)
Dental Plans	Aetna	877-238-6200 www.aetna.com
Vision Plan	EyeMed	866-723-0513 www.eyemedvisioncare.com

Fulton County Pension Office Contact Information

Name	Responsibilities/Title	Contact
Verna Thomas	Retiree Benefit Questions	Verna.Thomas@fultoncountyga.gov 404-612-4228
Debbie Clark	Retiree Benefit Questions	Debbie.Clark@fultoncountyga.gov 404-612-7671
Sharon Matthews	Benefits Supervisor	Sharon.Matthews@fultoncountyga.gov 404-612-7639
Melissa Barnett	Employee Benefits Manager	Melissa.Barnett@fultoncountyga.gov 404-612-4243
Russell Fleming	Duplicate 1099R, Pension Award Letters	Russell.Fleming@fultoncountyga.gov 404-612-4760
Tonja Perry	Change of address, change of bank for direct deposit, life insurance, general pension information	Tonja.Perry@fultoncountyga.gov 404-612-4229
Momina Ibrahim	Defined Benefit and Defined Contribution Plan Calculations and Estimates	Momina.Ibrahim@fultoncountyga.gov 404-612-2836





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