

DEPARTMENT OF COMMUNITY HEALTH 2011 BENEFITS SUMMARY

The Department of Community Health is pleased to provide the following benefits to its employees based on their employment status. If coverage is selected, it will begin the first working day of the month after completion of one full calendar month of employment. Payroll deductions for selected benefits begin the month prior to the beginning of coverage. However, employees may be covered up to one month following the last day of employment. Most benefit deductions are pre-taxed.

HEALTH COVERAGE OPTIONS

PLAN	CIGNA	UNITED HEALTHCARE
HRA	CIGNA Choice Fund HRA	UHC Definity HRA
HDHP	CIGNA Open Access Plus (HDHP)	UHC High Deductible Health Plan

BENEFITS COMPARISON

Option	HRA Credits	In-Network Deductibles	Out-of-Network Deductibles	In-Network Out-of-Pocket Maximum	Out-of-Network Out-of-Pocket Maximum	Co-Pays	Prescription Co-Pays
HRA							
YOU	\$ 500	\$ 1,300*	\$ 1,300*	\$ 3,000*	\$ 3,000*	No Co-Payments	15% generic; 25% brand; subject to deductible
Y + S	\$ 1,000	\$ 2,250*	\$ 2,250*	\$ 5,000*	\$ 5,000*		
Y + C	\$ 1,000	\$ 2,250*	\$ 2,250*	\$ 5,000*	\$ 5,000*		
Y + F	\$ 1,500	\$ 3,250*	\$ 3,250*	\$ 7,000*	\$ 7,000*		
HDHP							
YOU		\$ 1,500	\$ 3,000	\$ 2,400	\$ 5,300	No Co-Payments	20% coverage; subject to deductible \$10 min. /\$100 max.
Y + S		\$ 3,000	\$ 6,000	\$ 4,100	\$ 9,800		
Y + C		\$ 3,000	\$ 6,000	\$ 4,100	\$ 9,800		
Y + F		\$ 3,000	\$ 6,000	\$ 4,100	\$ 9,800		

YOU = Employee Y+S = You + Spouse Y+C = You + Child(ren) Y+F = You + Family
*NOTE: Your deductibles and out-of-pocket maximums will be reduced by your HRA dollar credits

HEALTHCARE REFORM ACT

The **Patient Protection and Affordable Care Act of 2010** will allow the State Health Benefit Plan (SHBP) to cover a member's child up to the age of 26, regardless of the child's marital, employment or student status, and regardless of whether the child lives with the member or is financially dependent on the member. In addition, the SHBP has eliminated all pre-existing condition requirements. Please contact SHBP Eligibility at (404) 656-6322 or visit them online at www.dch.georgia.gov/shbp for more details.

CONSUMER DRIVE HEALTH PLAN

HEALTH REIMBURSEMENT ACCOUNT (CDHP/HRA)

The CDHP/HRA is a consumer driven health care option whose plan design offers you a different approach for managing your health care needs. This plan has in-network and out-of-network benefits, a large national network and healthcare dollars to spend your way!

Plan Features:

- Low monthly premiums
- Unlimited wellness benefits when seeing in-network providers only *(based on national age and gender guidelines)*
- Exclusive healthcare dollars to spend your way
- Unused dollars roll over year to year
- 100 percent coverage of preventative care
- Unlimited provider choice
- No Primary Care Physician designation
- No specialist referrals required

HRA Credits

<u>Premium Structure Tiers</u>	<u>Credit Amounts</u>
▪ You = You <i>(the employee)</i>	\$500
▪ Y+S = You + Spouse	\$1,000
▪ Y+C = You + Child(ren)	\$1,000
▪ Y+F = You + Spouse + Child(ren)	\$1,500

Deductibles:

<u>Premium Structure Tiers</u>	<u>Deductibles</u>
▪ You = You <i>(the employee)</i>	\$1,300*
▪ Y+S = You + Spouse	\$2,250*
▪ Y+C = You + Child(ren)	\$2,250*
▪ Y+F = You + Spouse + Child(ren)	\$3,250*
▪ <i>*HRA credits will reduce this amount.</i>	

Primary Care Physician/Specialist Office or Clinic Visits:

- 100% coverage for preventive care/wellness benefits
- 85% coverage in-network; 60% coverage out-of-network; subject to deductible for regular office visits to Primary Care Physician, Specialist and Clinic visits

Emergency Care:

- 85% coverage in-network and out-of-network, subject to deductible

Prescription Drugs:

- 15% generic; 25% brand coverage in-network and 40% generic; 40% brand coverage out-of-network, subject to deductible

HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

A High Deductible Health Plan (HDHP) is a consumer driven health plan option that provides a national network of providers. The consumer must satisfy a higher deductible which applies to all health care expenses except for preventive care.

Plan Features:

- Lower monthly premium
- Unlimited wellness benefits when seeing in-network providers only *(based on national age and gender guidelines)*
- Unlimited provider choice
- Set aside tax-free dollars to pay for eligible expenses with a personal Health Savings Account* *(*Contact your personal banking institution for more information.)*

Deductibles:

<u>Premium Structure Tiers</u>	<u>In-Network Deductibles</u>
▪ You = You <i>(the employee)</i>	\$1,500
▪ Y+S = You + Spouse	\$3,000
▪ Y+C = You + Child(ren)	\$3,000
▪ Y+F = You + Spouse + Child(ren)	\$3,000

Primary Care Physician/Specialist Office or Clinic Visits:

- 100% coverage for preventive care/wellness benefits
- Out-of-network preventive care/wellness benefits are *not covered*
- Pay coinsurance after satisfying the deductible rather than set dollar co-payments for network office visits and prescription drugs.

Emergency Care:

- 90% coverage subject to in-network and out-of-network deductible

Prescription Drugs:

- 20% coverage; subject to deductible with a \$10 minimum/\$100 maximum for generic, preferred brand, and non-preferred brand
- No out-of-network coverage

SHBP SURCHARGE POLICY

Spousal Surcharge

A **\$50** spousal surcharge will be added to your monthly premium if you elect to cover your spouse and your spouse is eligible for coverage through his/her employment but chose not to elect that coverage.

Tobacco Surcharge

A **\$80** tobacco surcharge will be added to your monthly premium if you or any of your covered dependents have used tobacco products in the previous twelve months.

FLEXIBLE BENEFIT OPTIONS

DENTAL



PLAN OPTIONS	REGULAR	PPO
YOU	\$24.00	\$21.53
YOU+ SPOUSE	\$47.99	\$43.06
YOU + CHILDREN	\$50.38	\$45.21
YOU + FAMILY	\$71.12	\$58.32

Regular Option:

- Choose **any** dentist
- Benefits paid by usual, customary and reasonable (UCR) rates; member pays difference of benefit and UCR charge

Annual Deductible:

- \$50 for single coverage*
- \$150 for family coverage*

**Only applies to Type II (Basic) and Type III (Major) Services*

Maximum Benefit:

- \$1,000/per person per plan year
- \$1,500 lifetime benefit for orthodontia (ages 19 and under)

Waiting Period: All new hires and newly enrolled dependents are subject to a Six (6) month waiting period for major and Orthodontia services

- Late entrant limitation for basic (12 months), major and orthodontia (24 months)

PPO Option:

- Must use services from designated PPO dentist to receive highest benefit
- Benefits are paid on schedule charge

Annual Deductible

- \$50 for single coverage*
- \$150 for family coverage*

**Only applies to Type II (Basic) and Type III (Major) Services*

Maximum Benefit:

- \$1,000/per person per plan year
- \$1,500 lifetime benefit for orthodontia (ages 19 and under)

Waiting Period: All new hires and newly enrolled dependents are subject to a Six (6) month waiting period for major and Orthodontia services

- Late entrant limitation for basic (12 months), major and orthodontia services (24 months)



DHMO Dental Plan

PLAN OPTION	CIGNA DHMO
YOU	\$19.29
YOU + SPOUSE	\$35.65
YOU + CHILDREN	\$44.35
YOU + FAMILY	\$53.03

DHMO Dental Option:

- Must use a **Participating Cigna Dental Care Provider**
- Special reduced rates are listed in the **Patient Charge Schedule**
*Any service not listed on the **Patient Charge Schedule** will not be covered
- Many services are provided at **no charge**
- No deductibles
- No annual maximum benefits
- No waiting periods for coverage
- No claims to file
- **No late entrant limitations**

VISION



PLAN OPTIONS	SELECT PLAN	SELECT PLUS PLAN
YOU	\$5.30	\$5.99
YOU + SPOUSE	\$12.17	\$13.75
YOU + CHILDREN	\$12.73	\$14.40
YOU + FAMILY	\$17.49	\$19.76

- Over **30,000** private and retail eye care providers nationwide!
- Benefits available for in and out-of network services (subject to reimbursement)
- In Network Benefits Covered in Full (after applicable co-pays)
- Single Vision, Bifocal, Trifocal or Lenticular lenses
- Standard Scratch Resistant Coating
- Certain standard contact lenses, including daily wear, and up to 4 boxes of standard single vision disposable contacts are covered in full after co-payment.

- Eligible for routine eye exams, lenses and contact lenses every 12 months and eyeglass frames every 24 months
- 25% discount off full retail price for Lasik

Select Plan

- Benefits paid at 100% after co-payment
- \$10 co-pay for comprehensive eye exam
- \$20 co-pay for materials
- Standard contacts or lenses
- Maximum for contact lenses: \$105
- Additional cosmetic materials at 20% - 40% off retail price

Select PLUS Plan!

- Benefits paid at 100% after co-payment
- \$10 co-pay for comprehensive eye exam
- **\$25 co-pay** for materials
- Standard contacts or lenses
- Higher maximum for contact lenses \$125
- Basic Progressives, Tints, UV and Polycarbonate lenses included!

NOTE: Always verify coverage by identifying yourself as an **OptumHealth** member under the State of Georgia plan when making your appointment. Give the provider the employee's social security number, patient's name and the patient's date of birth.

EMPLOYEE, SPOUSE, CHILD, AD&D

MINNESOTA LIFE

A Securian Company

Administered by *Minnesota Life Insurance Company*

Employee Life

- Available coverage at 1x, 2x, 3x, 4x, 5x, 6x, 7x, 8x, 9x annual gross salary
- Pre-taxed premiums
- Employee must be enrolled before spouse and dependents can enroll
- Underwriting may be required

Spouse Life

- Coverage amounts offered:
 - \$6,000
 - \$12,000
 - \$30,000
 - \$60,000
 - \$100,000
 - \$150,000
 - \$200,000
 - \$250,000
- Premium rates based on employee's age and on the level of coverage chosen
- Underwriting may be required

Child Life

- Coverage amounts offered:
 - \$3,000
 - \$6,000
 - \$10,000
 - \$15,000
 - \$20,000
- Flat rate structure for each level

- Covers children under the age of 19 or unmarried, full-time students under the age of 26
- Underwriting may be required

Accidental Death & Dismemberment

- Available coverage at 1x, 2x, 3x, 4x, 5x, 6x or 7x gross salary
- Provides financial benefits to families when an unexpected (covered) accidental death of the employee occurs
- Pre-taxed premiums
- No underwriting required
- Benefits the employee for dismemberment or permanent total disability

SHORT & LONG-TERM DISABILITY



Short-term disability-30-day wait

- Income replacement of up to 60% of salary for a maximum of five months of disability
- 30 calendar day elimination period
- 12 month waiting period after coverage effective date for pre-existing conditions
- No underwriting required

Short-term disability – 7-day wait

- Income replacement of up to 60% of salary for a maximum of six months of disability
- 7 calendar day elimination period
- Higher premium rates
- No pre-existing condition waiting period
- No underwriting required

Long-term disability

- Income replacement of up to 60% of salary for as long as disability lasts or until age 65
- Benefit payout begins after six months (180 days) of disability
- Underwriting may be required

LEGAL INSURANCE



PLAN OPTIONS	SELECT PLAN	SELECT PLUS
YOU	\$5.67	\$7.30
YOU + FAMILY	\$6.89	\$9.60

Select Plan

- 4 hours of attorney office work per Plan Year per family
- Provides limited legal assistance

Select Plus Plan

- NEW! ALL Legal services are included under the Select PLUS Plan!
- NEW! 8 hours of attorney office work per Plan Year per family

- May use in or out-of-network attorney
- **UNLIMITED** telephone advice from an attorney
- In-network Fee Schedule Benefit
- Maximum Contingent Fee Benefit
- Personal Law Center (online resource)
- Plan reimbursement for using an out-of-network attorney is at \$70 per hour up to maximum benefit amount (* maximum benefit varies based on type of legal service)

SPENDING ACCOUNTS



General Purpose Health Care Spending:

- Monthly contribution from \$10 to \$420 (\$5,040 max per year)
- Pre-taxed contributions for individual or family health expenses
- Visa Debit card or member must submit eligible expenses to be reimbursed with pre-taxed dollars

HCSA helps you pay for health-related expenses such as:

<i>Deductibles*</i>	<i>Co-pays*</i>
<i>Contact lenses</i>	<i>Glasses</i>
<i>Lasik Surgery</i>	<i>Prescription & OTC drugs</i>
<i>Mental health services</i>	<i>Physical therapy</i>
<i>Procedures</i>	<i>Specialized equipment</i>
<i>Preventative screenings</i>	<i>...and so much more</i>

Dependent Care Spending:

- Monthly contribution from \$10 to \$416 (\$4,992 max per year)
- Pre-taxed contributions for the cost of day care for children under age 13 or other eligible dependents
- Member must submit eligible expenses to be reimbursed with pre-taxed dollars

LONG TERM CARE INSURANCE



- Long Term Care benefits provides assistance if you or your loved one could not perform basic daily living activities independently: *including bathing, dressing, using the toilet, transferring from one location to another, continence, eating or suffering from cognitive impairment such as Alzheimer's Disease*
- Benefits are available for employee, spouse, parents or parents-in-law.
- 100% benefit for nursing home facility (of your elected daily benefits amount)
- 60% benefit for assisted living facility, at home services, or assistance by friends and relatives (of your elected daily benefits amount)
- All plans include a home health option which pays for an aide to come to your home
- May choose one of three daily benefits
- 90-day waiting period
- Underwriting may be required

SPECIFIED CRITICAL ILLNESS



Continental American Insurance Company (CAIC)

- Specified Critical Illness helps the employee and their family to cope with and recover from the financial stress of surviving a critical illness or condition.

Covers	
Cancer	Coma
Renal Failure	Paralysis
Heart Attack	Severe Burns
Major Organ Transplants: Heart, Lung, Kidney, Pancreas, Liver	Loss of the following: Sight, Hearing, Speech
Stroke	

- Lump sum benefits paid following the diagnosis of each covered specified critical illness ***after you are hospitalized for the illness and charged room and board***
- Covers Employees ages 18-69
- Employee **must** be enrolled before spouse/dependents can enroll

- Coverage amount offered:
 - \$5,000
 - \$10,000
 - \$20,000
 - \$30,000
 - \$40,000*
 - \$50,000*
- Maximum of \$100 towards the cost of any one covered screening test per year including... Pap Smear, Mammogram, Breast Ultra-sound, Colonoscopy, Stress Test on bike or treadmill, fasting blood glucose test, Bone Marrow test, PSA (blood test for prostate cancer)
- Spouse coverage available at \$10,000 benefit amount
- Dependent coverage available at 25% employee benefit amount

OTHER BENEFITS

PEACH STATE RESERVES – GEORGIA RETIREMENT INVESTMENT PLAN

Administered by AonHewitt, offers two plans: *401k and 457*. You may contribute to both plans simultaneously with a minimum contribution of \$30 per month, not to exceed \$15,500 annually. You may choose to invest in one of three model portfolios or choose from several investment funds. You can access your PSR benefits online at www.gabreeze.ga.gov or by calling the GaBreeze Benefits Center at 1-877-3GBreez (1-877-342-7339)

EMPLOYEE LEAVE PROGRAM

Employees accrue five hours of annual leave and five hours of sick leave per pay period (10 hrs/month). Maximum accrual amount for annual leave is 360 hours and 720 hours for sick leave.

EMPLOYEES' RETIREMENT SYSTEM (ERS)

As a condition of employment, new full-time employees, are required to become members of the ERS in which 1.25% of your gross pay will be contributed into the retirement fund per pay period. In addition, new full-time employees will automatically be enrolled in the 401(k) plan at a contribution rate of 1% of your compensation, with a corresponding 1% match from the Department of Community Health. New employees may choose to decline participation in the 401(k) plan by completing the Georgia State Employees' Pension and Savings Plan (GSEPS) 401(k) Opt Out form located online at www.ers.ga.gov or in the Human Resources Office.

PUBLIC TRANSPORTATION DISCOUNTS

Mass transportation is an excellent alternative mode of transportation to and from work. Currently the State of Georgia subsidizes monthly (payroll deducted) transportation cards for **MARTA, Xpress Transit, Gwinnett County Transit** and **Cobb County Transit (CCT)**.

Check these websites for route information:

MARTA: www.itsmarta.com

Xpress: www.xpressga.com

DIRECT DEPOSIT

To facilitate the transfer of salary checks, DCH offers their employees the opportunity to have net pay automatically deposited directly into either a checking account or a savings account.

CREDIT UNION MEMBERSHIP

DCH employees have the opportunity to join either or both credit unions:

Human Services Employee Credit Union (HSECU): www.hsecu.org

Georgia United Credit Union : www.gfcuonline.org

TEAM GEORGIA CONNECTION – EMPLOYEE SELF SERVICE

Features of the Employee Self Service

Payroll

- View payroll check data
- View of current direct deposit bank information
- View of currently enrolled general deductions

Taxes

- View of current W-4 Federal tax filing status
- Request reissue of 1999 through last year issued W-2

Compensation

- Review annual salary and compensation per pay frequency
- Compensation History—view only of basic historical job information related to changes in pay

Leave Balances

- View annual, sick and personal leave balances

Personal Information

- View personal information including name, address, phone numbers, emergency contacts, marital status, gender, and service date
- Ability to edit home and mailing addresses, phone numbers, e-mail address and emergency contact information.