

Open Enrollment 2021

COLUMBUS CONSOLIDATED GOVERNMENT

Employee's Responsibility

- Complete and return the Tobacco Attestation Form
- Complete and return the Wellness Incentive Acknowledgement Form
- Review Open Enrollment Materials
- Update personal and beneficiary information
- Complete Enrollment via on-line enrollment system or with an enroller by the deadline, October 23rd at 11:59 pm. NO EXCEPTIONS!!!!
- Notify NFP at 1-844-505-9158 if you have problems enrolling in BSWIFT.



Qualifying Life Event Changes

What is a Qualifying Life Event (QLE)

- Marriage
- Divorce
- Birth of a child
- Loss of other coverage
- Loss of dependent status

30 days to notify Human Resources or NFP of the QLE

Appropriate documentation must be received before the change will become effective.



New for 2021

- Employees and pre-65 retirees that choose to participate in the wellness program by completing a Personal Health Assessment PHA and attend health coaching sessions (if required), will see no increase to their payroll deductions for medical coverage. Those that choose not to participate in the wellness program will see a 7.3% increase to their medical payroll deductions.
- Employees will still have the opportunity to earn a \$25 gift card and 1 Wellness Day by participating in a Personal Health Assessment
- There has been an increase to the tobacco surcharge for 2021. A \$75.00 monthly/\$34.62 biweekly tobacco surcharge will apply to all employees that certify they are a tobacco user or fail to complete the Tobacco Attestation Form
- There will be no plan design changes or changes to deductions for dental or vision.
- Telemedicine will continue to be offered in a benefit discount program through NewBenefits with no increase to deductions
- The Flexible Spending Accounts will continue to be administered by TASC. In addition, the Health Care FSA annual maximum contribution limit has increase to \$2,750



Enrollment Guidelines

BEFORE YOU ENROLL - THINGS TO KNOW

You are REQUIRED to provide a ***copy of the below information / documentation*** for all **new** dependents/beneficiaries:

Marriage Certificate

Birth Certificate

Dependents date of birth

Dependents Social Security Numbers

This information can be uploaded to bswift during open enrollment or it can be emailed to NFPseCustomerService@nfp.com.



Enrollment Portal

HOW TO ENROLL

Go to www.columbusga.bswift.com.

At this time, make sure to disable your pop up blocker

- At the enrollment website enter your Username and Password.
- Username is the first letter of your first name, last name and last four digits of your social security number. Example (jdoe4567)
- Password is the last 4 digits of your social security number (ex. 4567)
- You will then be prompted to create a new password.



Enrollment Portal

Columbus
GEORGIA
We do amazing.

Preferences Change Password Log Out

My Benefits My Profile News Library Specials

Welcome to your enrollment!

Enrollment Deadline **10/21/2016**
Your Status **Not Started**
[Start Your Enrollment](#)

You are now eligible to make changes to your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

Medical NO PLAN SELECTED
[I don't want this benefit \(waive\)](#) [View Plan Options](#)

Spousal Surcharge NO PLAN SELECTED
[I don't want this benefit \(waive\)](#) [View Plan Options](#)

Dental NO PLAN SELECTED

Your Info
Your Benefits
3 Enroll
4 Complete

Your Cost per pay period **\$0.00**

Finished selecting benefits? Click the button below to continue.
[Continue](#)

From the Home Page Click on the Start Your Enrollment link, to begin the election process

To choose or change your current election, select the View Plans button for the corresponding benefit.



Enrollment Portal

JOHNNY Test (Employee)

Tobacco/Smoke Free Affidavit

*Please read all 3 options and check one:

☐ I hereby acknowledge and certify that I HAVE NOT USED, tobacco products, in any form, within the past six (6) months. The \$50.00 per month/\$23.08 biweekly surcharge WILL NOT apply. I also acknowledge and certify that it is my responsibility to notify Human Resources within 10 days if I resume or begin using tobacco products, and as a result, I will be subject to the additional \$50.00 per month/\$23.08 biweekly tobacco surcharge. Employees certifying that they are non-tobacco users are subject random tobacco testing throughout the plan year.

☐ I hereby acknowledge and certify that I have completed an approved tobacco-cessation program within the last 10 days; therefore, making me eligible for the tobacco-free premium discount. (Attach documentation proof of program completion). The \$50.00 per month/\$23.08 biweekly tobacco surcharge WILL NOT apply.

The Columbus Consolidated Government supports its employees' desire to quit; therefore, the CCG offers two tobacco cessation programs: 1. Georgia and Alabama Department of Health's Tobacco Quit Line Program – Telephonic Format. 2. American Cancer Society FreshStart Program – Face-to-Face Onsite Group Setting. The I & Wellness Center will also offer tobacco cessation medications.

*I understand that I will be charged a \$50.00 per month / \$23.08 bi weekly tobacco surcharge.



*Please Print Your Name:

Johnny

*Please enter last 4 digits of your SSN

4567

Every employee must answer the tobacco attestation questions. By typing your name and the last four digits of your social security number you are agreeing that you are answering truthfully and that you understand the consequences of providing false information.



Enrollment Portal

The screenshot shows the 'Medical' section of the Enrollment Portal. At the top, there is a navigation bar with a 'Back' button and the title 'Medical'. Below this, a heading asks 'Who will be covered by this plan?'. Underneath, there are two checkboxes: 'John Test Employee' (checked) and 'Jane Test Spouse' (unchecked). To the right of these is a '+ Add Dependents' link. At the bottom left is a 'Back' button, and at the bottom right is a large orange 'Continue' button. At the very bottom, there are links for 'Privacy Policy', 'Browser Requirements', and 'Technology powered by bswift'.

Select the dependents you wish to cover under that particular benefit plan. Then click on the Continue button.

The screenshot shows the plan selection screen. At the top left is a button labeled 'View All Plans Side-by-Side'. Below this, there are two plan cards. Each card displays the plan name (e.g., 'Blue Choice HMO'), the insurer logo (BlueCross BlueShield of Georgia), and the cost ('Your Cost per pay period: \$71.02'). To the right of each card is a 'Select' button. The second card shows a different plan ('Blue Open Access POS & PPO') with a cost of '\$65.69'.

Click on View Plan Details to see details for the corresponding plan. After making a decision, choose the appropriate tier using the drop down menu, then click the Select button under the chosen plan.



Enrollment Portal

Dental

NO PLAN
SELECTED

Vision

NO PLAN
SELECTED

Basic Employee Life

\$0.00 ☒
Your Cost per pay period

Your Cost
per pay
period

\$71.02

Finished selecting
benefits? Click the
button below to
continue.

Repeat this process for all remaining benefits. Please take note that your per pay period deductions will total on the right hand side as you continue through the enrollment process. Once you have finished selecting benefits, click the Continue button on the right hand side.

Basic Employee Life

Please choose your beneficiaries

Primary Beneficiaries (required)

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Jane Test (Spouse)	<input type="text" value="100.00"/> %
James Test (Sibling)	<input type="text"/> %

Total: 100%

☒ Add Secondary Beneficiaries (optional)

Secondary beneficiaries receive money if your primary beneficiaries are

1 Your Info

2 Your Benefits

3 Enroll

4 Complete

Beneficiaries

Review and
Confirm

Your Cost
per pay
period

\$0.00

Make your beneficiary designations or confirm your current designations, and once finished click on the Continue button.



Enrollment Portal

John Test (Employee)
SPOUSAL SURCHARGE

*Please review all 4 options and check one:

- ☐ My Spouse is unemployed and will be covered under the Columbus Consolidated Government medical plan. The \$356.98 per month/\$164.76 bi-weekly surcharge WILL NOT apply. Applicant will need to provide a copy of the spouse's tax return from the previous year.
- ☐ My spouse is employed with Columbus Consolidated Government or a CCG agency such as Airport, Golf Authority, Naval Museum or Trade Center. The \$356.98 per month/\$164.76 bi-weekly surcharge WILL NOT apply.
- ☐ My spouse is employed/retired but not eligible for group medical coverage through his/her own employer and requests to be covered under the Columbus Consolidated Government's self insured medical plan. You will need to have your spouse's employer complete Section B of the Spousal Coverage Affidavit. If your spouse's employer indicates group health insurance is not available, the \$356.98 per month/\$164.76 bi-weekly surcharge WILL NOT apply.
- ☒ My spouse is employed or retired and eligible for medical coverage through his/her own current or previous employer. The \$356.98 per month/\$164.76 bi-weekly surcharge WILL apply.

*I understand that covering my spouse, whom is eligible through his/her own current or previous employer, I will be charged a surcharge of \$356.98 per month/\$164.76 bi-weekly.


☒ Yes ☐ No

You will complete the Spousal Affidavit for the medical plan spousal surcharge within the bswift enrollment portal



Enrollment Portal

Review and Confirm

 Please Review All of Your Selections

Once you have completed your review, click the "Complete Enrollment" button at right side of the page


CHANGED BENEFITS: [Medical](#) [Basic Employee Life](#)

*Indicates changed benefits

Your Total Cost

\$0.00

Per Pay Period

 Medical*

1 Your Info

2 Your Benefits

3 Enroll

4 Complete

Beneficiaries

Review and Confirm

Complete Enrollment

Once You've Reviewed All Your Selections:

Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions are required for this coverage, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (before tax dollars) unless I submit a declination election. I reserve the right to revoke this deduction authorization at any time upon written notice.

☐ I agree, and I'm finished with my enrollment.

Beneficiaries

Review and Confirm

Complete

Complete Enrollment

Review all your selections for accuracy. Once you have completed your review, click inside the box next to I agree and I'm finished with my enrollment. Next click on the Complete Enrollment button.



Enrollment Portal



Your enrollment is complete!



You may make changes to your elections until: **October 21, 2016**

You have completed your enrollment. Click the Print icon to print out a copy of your Confirmation Statement for your records or the Email icon to email yourself a copy of the Statement. If you would like to make changes to your enrollment, click on the plan's Edit Selection button.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.



VIEW



PRINT

Once you have successfully completed your enrollment, you will see the confirmation above.

You will now have the option to view, print, or email your benefit confirmation statement.



2020 Open Enrollment Assistance

- If you wish to schedule an appointment with a NFP Benefit Counselor please visit <https://otnutaw5nc.timetap.com>.
- NFP Benefit Counselors are available to assist either virtually or telephonically from October 5th – October 23rd
- You will receive an email confirmation once your appointment has been scheduled. An email reminder 24 hours before your appointment time and a text reminder 1 hour before your appointment time.
- Virtual enrollments will click on the Zoom meeting link provided and telephonic enrollments will use the Zoom meeting phone number provided.
- You can contact the NFP Service Center for assistance, during normal business hours, throughout open enrollment at 1-844-505-9158.
- If you meet with a NFP Benefit Counselor to complete your enrollment, please review the emailed copy of your benefit confirmation statement to confirm that your elections are reflected appropriately. There will be no changes outside of open enrollment unless you experience a qualifying life event.



Medical Insurance

Medical Insurance

- You will continue to have 2 medical plans to choose from with Anthem Blue Cross Blue Shield of Georgia. Both plans use the national open access network for providers. No referral is required from a PCP in order to see a specialist.
- In-network provider name: ***Anthem Blue Open Access POS plan***
 - Should be used when in the state of Georgia.
- Out-of-state provider name: ***Anthem Blue Choice PPO***
 - Should be used outside of the State of Georgia
- If you do not make any changes during open enrollment, you will continue under the same plan and with the same level of coverage. *This statement assumes completion of the Tobacco Attestation Form (and no change in tobacco usage), PHA, and Health Coaching (if required).



2021 Medical Plan Options

Plan Provisions	Silver Plan	Gold Plan
Lifetime Maximum	Unlimited	Unlimited
Deductible	\$2,000 per person \$4,000 per family	\$1,000 per person \$2,000 per family
Coinsurance	80% plan / 20% member	90% plan / 10% member
Maximum Annual Out of Pocket Limit	\$6,350 per person \$12,700 per family	\$6,350 per person \$12,700 per family
	Out of Pocket Maximum includes deductible, coinsurance and all copays- Office Visit, Urgent Care, Emergency Room and Prescriptions	
Office Visits Primary Care Physician Specialty Care Physician Urgent Care Facilities	\$30 copay (free at the HWC) \$40 copay \$60 copay	\$20 copay (free at the HWC) \$30 copay \$60 copay



2021 Medical Plan Options

Plan Provisions	Silver Plan	Gold Plan
Routine Preventative Care	No Charge	No Charge
Hospital/Inpatient Services	20% after plan deductible	10% after plan deductible
Outpatient Services	20% after plan deductible	10% after plan deductible
Hospital Emergency Room	\$200 per visit copay, copay waived if admitted	\$150 per visit copay, copay waived if admitted
Prescription Drugs		
Generic	\$20 copay (\$40 mail order)	\$20 copay (\$40 mail order)
Brand	\$40 copay (\$80 mail order)	\$40 copay (\$80 mail order)
Non-Formulary	\$60 copay (\$120 mail order)	\$60 copay (\$120 mail order)
Specialty	\$150 copay (mail order N/A)	\$150 copay (mail order N/A)
Lifestyle	50% (mail order N/A)	50% (mail order N/A)



2021 Medical Payroll Deductions (26 per year)

Coverage Tier	Silver Plan w/wellness incentive	Silver Plan w/o wellness incentive	Gold Plan w/wellness incentive	Gold Plan w/o wellness incentive
Cost Without Spousal Surcharges				
Employee	\$73.03	\$78.38	\$104.65	\$112.32
Employee + Spouse	\$137.29	\$147.35	\$196.74	\$211.15
Employee + Child(ren)	\$127.82	\$137.18	\$183.16	\$196.57
Family	\$202.31	\$217.13	\$289.90	\$311.13

These rates do not include the \$75 monthly/\$34.62 bi-weekly tobacco surcharge nor do they include the spousal surcharge.



2021 Wellness Program

- Employees can complete a Personal Health Assessment (PHA) and if required, based on the results of the PHA, attend health coaching sessions to earn a wellness incentive that will leave the payroll deductions for medical coverage the same.
- Employees that are found NOT to have any moderate to high risk health factors, based on the results of the PHA, will automatically complete their participation in the wellness program and will have any increase to their medical payroll deductions.
- Employees that are found to have moderate to high risk health factors will have the ability to attend health coaching sessions to complete their participation and avoid any increase to the payroll deductions for medical coverage.
- Employees can also complete a Personal Health Assessment and receive a certificate for 1 Wellness Day
- Your Wellness Day certificates must be redeemed before December 31, 2021.



Tobacco Surcharge

- Beginning January 1st, 2021, a tobacco surcharge of \$75 per month/\$34.62 per pay period will apply to all employees that certify they are a tobacco user or fail to complete the Tobacco Attestation Form
- Employees will have access to a free cessation program and can avoid the surcharge by completing the program and providing Human Resources with your certificate of completion
- Within one month of providing your certificate of completion to Human Resources, any surcharge premiums you have been deducted since January 1st, 2021 will be refunded.

CCG Health and Wellness Center

Location

2000 10th Ave. Suite 410 Columbus, GA 31901

Hours of Operation

Mondays: 8:30am-5:30pm

Tuesdays: 8:30am-5:30pm

Wednesdays: 8:30am-5:30pm

Thursdays: 8:30am-5:30pm

Fridays: 8:30am-5:30pm

Schedule an Appointment:
(800) 993-8244

Prescription Refill Hotline:
(706) 653-4616



Preventive exams – covered under the health care plans at 100%! Take action and proactively manage your health before a serious medical condition occurs.



Schedule an appointment 24 hours a day- by calling 1-800-993-8244 or online at www.careatc.com/patients, using your patient portal credentials.



Employee Medical Center-

- Primary, urgent and preventive care (ages 3 and up)
- Laboratory testing
- Flu shots
- Treatment for chronic health conditions



CCG Health and Wellness Center

Types of Services Available

- Primary, urgent, and preventive Care (ages 3 and up)
- Limited onsite pharmacy – requires an appointment and consultation with an authorized Wellness Center medical provider
- Laboratory testing services - requires an appointment and consultation with an authorized Wellness Center medical provider
- Diagnosis and treatment of chronic health conditions
- Other health and wellness focused programs such as Smoking Cessation and Weight Loss
- Referral to Columbus Diagnostics Center for diagnostic imaging at no-cost for established patients.
- Home delivery of medications, with free shipping, to employees and their dependents
- Virtual visits offered daily from 8:00am – 8:00pm



Dental Coverage

2021 Dental Plan Option

Administered by Anthem BCBS

Plan Provisions	Low Plan	High Plan
Deductible (cal. Year) Single Family Max	\$50 \$150	\$50 \$150
Annual Benefit Max	\$1,000 calendar year	\$1,500 calendar year
Diagnostic/Preventive Services	100% coverage; no deductible	100% coverage; no deductible
Basic Treatment	70% coverage; subject to deductible	80% coverage; subject to deductible
Major Treatment (coverage for implants are now included)	40% coverage; subject to deductible	50% coverage; subject to deductible
Orthodontia (child only)	No covered	50% coverage up to lifetime benefit maximum of \$1,500

Benefit Waiting Periods : Employees and dependents, that did not enroll within 31 days of their initial eligibility, will be subject to the following late entrant waiting periods: 6 months- Oral Surgery, 12 months- all other Major Services, 18 months-Ortho.



2021 Dental Payroll Deductions (24 per year)

Coverage Tier	Low Plan	High Plan
Employee	\$8.21	\$12.63
Employee + Spouse	\$16.41	\$27.97
Employee + Child(ren)	\$15.59	\$29.04
Family	\$24.63	\$44.83

Log on to bcbsga.com and click on Find a Doctor.

Click the Locate Dental Providers link. Next, choose a specialty from the drop-down menu or select 'no preference' and then click continue. Enter your search criteria by location or name.

Member/Patient Services:

(855) 397-9269



Vision Coverage

2021 Vision Plan

Administered by Anthem BCBS

Benefit	In-Network	Out-of-Network	Frequency
Vision Exam	\$10 copay	Up to \$30 allowance	Once every calendar year
Contacts Fitting Standard Premium	Member cost up to \$55 10% off retail price	Not covered	Once every other calendar year
Contact Lenses * Elective Medically Necessary	Up to \$130 allowance Covered in full	Up to \$105 allowance Up to \$210 allowance	Once every calendar year
Standard Plastic Lenses Single Vision Bifocal Trifocal	Covered in full after a \$10 copay	Up to \$25 allowance Up to \$40 allowance Up to \$55 allowance	Once every calendar year
Frames	Up to \$130 allowance; 20% off additional cost	Up to \$45 allowance	Once every other calendar year

***Your contact lens allowance must be used at the initial time of service.**

****Please note: This plan covers either contact lenses or lenses for your glasses once every other calendar year.**



2021 Vision Payroll Deductions (24 per year)

Coverage Tier	Vision
Employee	\$3.05
Employee + Spouse	\$5.33
Employee + Child(ren)	\$5.79
Family	\$8.84

Flexible Spending Accounts

Flexible Spending Account

Administered by TASC

Flexible Spending Account (FSA) **Unreimbursed Medical Spending Account**

Set aside as much as \$2,750

Deductibles, co-payments, co-insurance, vision, dental

May rollover up to \$500 in unused healthcare FSA funds to next plan year

Members will receive a debit card to use for payment of eligible expenses.

Dependent Care Spending Account

Up to \$5,000 if head of household or are married filing joint return

Or up to \$2,500 if you are married filing a separate return

Once enrolled, you can monitor your Flexible Spending Account balance by registering at
www.tasconline.com.

Note: Re-enrollment is required every year.



FSA Savings Example

Annual Salary:	\$35,000
Out-of-Pocket Medical/Dental Expenses:	\$ 1,000/year
Out-of-Pocket Dependent Care Expenses:	\$ 2,500/year

	<u>Without FSA</u>	<u>With FSA</u>
Gross Pay	\$ 35,000	\$ 35,000
FSA Contribution (health & dep care)	- \$ 0	- \$ 3,500
<u>Taxable Income</u>	<u>\$ 35,000</u>	<u>\$ 31,500</u>
Taxes (Fed, State, FICA) @ 25%	- \$ 8,750	- \$ 7,875
Out-of-Pocket Expenses	- \$ 3,500	- \$ 3,500
<u>Reimbursement from FSA</u>	<u>+ \$ 0</u>	<u>+\$ 3,500</u>
Take-Home Pay	\$ 22,750	\$ 23,625

You save \$875 per year!



Healthcare FSA: Eligible Expenses

Co-pays and deductibles

Prescription drugs/medications*

Dental/orthodontia care

Vision care

Disability expenses

Vaccinations

Smoking Cessation Programs

**OTC drugs/medications require a prescription or a Prescription Order Form to be eligible for FSA reimbursement.*

Ineligible Expenses:

- Insurance premiums
- Non-prescription OTC items*
- Cosmetic procedures
- Personal hygiene products
- Vitamins/supplements
- Diet products/food
- Health club fees
- Non-prescription glasses



Dependent Care FSA: Eligible Expenses

Daycare expenses

Before and after school care

Nanny expenses

Nursery school

Registration fees

Elder care

Ineligible Expenses:

- Tuition
- Transportation
- Activity fees/supplies
- Field trips
- Overnight camp



Basic Life

Employer Paid Life Insurance

Administered by MetLife

Basic Life & Accidental Death and Dismemberment

Employee = 1.5X Annual Base Income (Maximum of \$250,000)

The county provides this benefit at no cost to you.



Voluntary Term Life

Voluntary Term Life Insurance

Administered by MetLife

Benefit	Coverage
Employee Voluntary Life/AD&D	<p>You can purchase coverage in increments of \$10,000 up to a maximum of \$500,000.</p> <p>New Hires: You will have a guarantee issue (GI) amount of \$210,00 (not to exceed 3x your annual salary). Employee elections over GI will require Evidence of Insurability.</p>
Spouse Voluntary Life/AD&D	<p>You can purchase coverage in increments of \$2,000 to a maximum of \$10,000</p> <p>New Hires: You will have a guarantee issue amount of \$10,000.</p>
Child(ren) Voluntary Life	<p>You can purchase coverage in increments of \$2,000 to a maximum of \$10,000.</p> <p>New Hires: You will have a guarantee issue amount of \$10,000.</p>
Annual Enrollment	<p>Employee - Current participants are allowed a \$10,000 increase to their current coverage amount provided your amount does not exceed the GI.</p>



Voluntary Term Life Insurance

Important Terms to Understand

Evidence of Insurability: Evidence of Insurability is a request to verify good health and is often in the form of a questionnaire. This is required when you are requesting insurance that is over the guarantee issue amounts or if you are enrolling after your initial enrollment.

Guarantee Issue: Guarantee Issue is the amount of life insurance that you can elect without having to provide evidence of insurability. The guaranteed issue period is 31 days from the date you first become eligible for the plan from your date of hire. If you choose not to enroll when you are first eligible and enroll at a later date, the entire amount of insurance will be subject to evidence of insurability.

Employee Life/AD&D Pay Period Rates per \$10,000	
Age	Employee Rate
<30	0.37
30-34	0.42
35-39	0.51
40-44	0.83
45-49	1.38
50-54	2.31
55-59	3.60
60-64	5.58
65-69	10.02
70-74	16.06
75+	25.38

Spouse & Child Life/AD&D Per Pay Period Premium is \$0.33 per \$2,000 of coverage. (Ex: \$10,000 in coverage would cost \$1.66 per pay period)



Supplemental Benefits

Whole Life

Administered by Aflac

Key Features

- Builds Cash Value
 - Guaranteed Interest Rate of 4.5%
 - Cash Value may be utilized during working years
 - Cash Value may be used to purchase smaller “paid up” policy
- Flexibility To Meet Your Needs
 - Employee – Coverage Amount up to \$100,000
 - Spouse – Coverage Amount up to \$50,000
 - Children (ages 15 days -24 years) – Coverage Amount \$10,000
 - \$1.38 per week and covers all of your dependent children
 - A \$25,000 coverage amount is also available
- You own the policy
- New Hire Guarantee Issue Amount
 - Employee - \$50,000
 - Spouse - \$25,000



Group Critical Illness

Administered by Aflac

Critical Illness Benefits are payable for specified conditions and can help to cover the costs of your treatments and related expenses, regardless of your major medical insurance coverage.

Key Features

- Lump Sum payment at time of Diagnosis
- Benefit amounts available from \$5,000 to \$50,000 for employee and \$5,000 to \$25,000 for spouse
- Additional Occurrence Benefits – with 6 months between diagnosis date
- Re-Occurrence Benefit – with 12 months between diagnosis (or 12 months between diagnosis and 12 months treatment free for cancer benefit)
- Each dependent child is automatically covered at 25% of the primary insured amount

Covered Conditions include but not limited to:

- | | | |
|----------------|--------------------------|-------------------------------|
| - Heart Attack | - Cancer | - Renal Failure (end stage) |
| - Stroke | - Major Organ Transplant | -Coronary Artery Bypass (25%) |

Guarantee Issue Amount

- Employee - \$20,000
- Spouse - \$10,000
- All existing enrollees may increase their coverage up to the Guarantee Issue Amount at Open Enrollment without answering medical questions



Critical Illness – Wellness Benefit Administered by AFLAC

After the waiting period (30 days), an insured employee and spouse may receive a maximum of \$50 for any one covered health screening test per calendar year. The benefit will be paid regardless of the results of the test. Payment of this benefit will not reduce the critical illness benefit payable under your certificate. This benefit is not paid for Dependent Children. Screening tests include, but are not limited to:

- Colonoscopy
- Mammography
- Pap smear
- Breast Ultrasound
- Fasting blood glucose test
- Serum cholesterol test
- PSA (blood test for prostate cancer)
- Chest X-ray
- Stress test on a bicycle or treadmill



Hospital Indemnity

Administered by Aflac

Benefit	Coverage
HOSPITAL CONFINEMENT BENEFIT (up to 180 days per confinement)	\$200 per day
HOSPITAL INTENSIVE CARE BENEFIT (30-day max for any one period of confinement)	\$200 per day
SURGICAL AND ANESTHESIA BENEFITS	Surgery up to \$2,000 ; Anesthesia up to \$500
OUT-OF-HOSPITAL PRESCRIPTION DRUG BENEFIT	\$10 with a 5-prescription maximum per year per covered person
HOSPITAL EMERGENCY ROOM/PHYSICIAN BENEFIT (MEDICAL FEES BENEFIT) If a covered person is injured in a covered accident or has treatment as the result of a covered sickness, we will pay the benefit as shown for a maximum benefit of \$50 based on the following: \$50 – Physician (per visit) / X-ray (per visit) \$25 – Laboratory fees (per visit) / Injections/medications (per visit) Not to exceed a maximum of \$50 per visit.	Up to a maximum of \$50 per visit Maximum \$250 per covered person per calendar year Maximum \$1,000 per Family per calendar year
WELL BABY CARE BENEFIT	\$25 per visit

Additional Features:

- Benefits are paid directly to you unless you choose otherwise.
- Coverage is available for you, your spouse, and dependent children.
- Coverage is portable. That means you can take it with you if you change jobs or retire (with certain stipulations)
- Fast claims payment. Most claims are processed in about four days.
- Late enrollees must answer health questions



Telemedicine Benefit

Administered by New Benefits

MeMD gives members and their families access to medical assistance via telephone or web, any time, day or night at no cost. When primary care is not available, during travel or after-hours, MeMD's national network of US-licensed, board-certified medical providers is available to diagnose and prescribe certain medications when medically necessary for common, acute conditions.

Additional Benefits Include:

- Online Wellness
- Worklife Services
- Pharmacy

\$6.12 Per Month

Following your enrollment in the plan, you will receive a packet of information containing an ID card. You will be instructed to go online and register your account and list all eligible family members. Registering before receiving services will greatly reduce the wait time upon initial use.



Employee Assistance Program

Administered by Pastoral Institute

Columbus Consolidated Government provides confidential counseling sessions at Pastoral Institute for you and your family at no cost to you.

How do I set up an appointment for counseling?

In the Columbus, GA area call 706-649-6500. When you call mention the name of your employer (Columbus Consolidated Government) and that you are using your EAP benefit.

How many EAP sessions do I have?

Employees have access to six free visits and the spouse/children have six free visits for a total of 12 visits per year.

Will management at my company know I'm going to counseling?

No. Neither your name nor SSN is given to your company.

What are the qualifications of the Counselors?

All of our counselors are licensed and credentialed mental health professionals, including psychologists, licensed professional counselors, marriage and family therapists, social workers and pastoral counselors.

What do I do if I have an emergency situation when you aren't open?

If you are suicidal, tell someone in your family immediately. You may also dial 911 to help get you to a safe place. If you have an existing relationship with a counselor, call our Counseling Center at 706-649-6500. The Pastoral Institute and its affiliates have a 24/7 on-call emergency service.



Medicare Information

I'm turning 65 this year and still actively working.

What do I need to do?

If you're turning 65 this year you'll be getting a Medicare Enrollment kit from CMS, giving you the option to enroll in Medicare Parts A, B as well as Medicare Part D. **You'll be getting the kit 60 to 90 days before your birthday.**

Please read the Medicare materials carefully. It helps you to know all you can when you make a decision about enrolling in Medicare.

If you're an active employee and you get health insurance through Columbus Consolidated Government, this coverage will be your primary insurance. Medicare will be your secondary coverage.

Your coverage as an active employee is considered Creditable Coverage for Medicare Parts B and D. As long as you're enrolled in health coverage through Columbus Consolidated Government as an active employee, you won't be penalized if you put off enrolling in Medicare Parts B and D until your retirement.

For more information, visit the Medicare website at:

<http://www.medicare.gov> or contact the Human Resources Department.



Peachcare Information

Eligibility requirements:

- U.S. citizens, certain qualified legal residents, refugees or asylees who reside in Georgia.
- Age 18 and under (eligible until 19th birthday).
- Uninsured.
- Family income less than or equal to 247% of the federal poverty level, \$49,800 for a family of three and \$60,024 for a family of four.

PeachCare for Kids® health benefits include:

- * Care from a doctor when your child is sick
- * Preventive services such as immunizations and regular check-ups
- * Specialist care
- * Dental care
- * Vision care, including vision screenings and eyeglasses
- * Hospitalization
- * Emergency room services
- * Prescription medications
- * Mental health care

How much does it cost?

There is no cost for children under age 6. Currently, the cost per month for PeachCare for Kids® coverage is \$0 to \$36 for one child and a maximum of \$72 for two or more children living in the same household. Once you complete the application, information about paying your premium will be displayed.

If you have any questions, please call toll-free at 877-GA-PEACH (427-3224) or visit www.peachcare.org



Benefit Resource Center

- Visit www.columbusga.gov/HR/ to access the Benefit Resource Center
- This site contains benefit information, informative videos on each benefit offering, links to important documents and forms, and contact information.



NFP Service Center

The Service Center is available from 8:30 a.m. to 5:00 p.m. Monday through Friday to assist you. We have an after-hours voice mailbox and your call will be returned the next business day.

1-844-505-9158

NFPseCustomerService@nfp.com



Questions?

