



2019 ENROLLMENT GUIDE

Memorandum

To: All Augusta, Georgia Active Employees

From: Human Resources Department

Subject: Employee Benefits Summary

The Augusta, Georgia Board of Commissioners is dedicated to providing its employees with a salary and benefits package that allows us to attract and retain the best-qualified employees available. You are a most valued member to our team, and we will continue to strive to improve your benefits and working conditions so we may all provide our citizens with the best customer service in the state.

The Employee Benefits Summary is a quick reference resource that provides an overview of our benefits programs. This booklet provides you with current information on programs such as policy overview, telephone numbers, contact information and premiums for the current year, as well as a comparison between similar benefits. For more details/legal information on these programs, please review the policies or plan documents, which can be located in the Human Resources Department, Benefits Section.

This Employee Self-Service tool is an easy to use web-based portal that provides access to employees for viewing and/or updating their benefit information online, 24 hours a day, 7 days a week via the portal at <https://portal.adp.com>. Making the majority of your health and welfare benefit selections online will allow you better, faster and easier access to your information all year round. For assistance or for employees without immediate access to a computer, a new Benefits Solution Center is staffed 8:00 am—6:00 pm to assist employees with benefit changes or inquiries at 877-692-8423, option “0”.

If you have any questions or need assistance please call the HR office at 706-821-2303. The Benefits staff is available from 8:30 am - 5:00 pm, Monday through Friday, located on the fourth floor of the Municipal Building. Please call and make an appointment, and they will be happy to help you with any policy or enrollment question you may have.

Sincerely,

Human Resources Department

Employee Benefits Open Enrollment

Augusta, Georgia offers an excellent selection of benefits for active full-time employees. This Employee Benefits Enrollment Guide is designed to familiarize you with the benefits that are available.

Benefits are a significant part of your total compensation package. It is important to be aware of the benefits and the value they represent to you.

What is Open Enrollment?

Open Enrollment is a once-a-year opportunity to make changes to your current benefits and to review which dependents you will be covering during the new plan year. All changes you request will take effect January 1, 2019. Every employee will need to complete an election on the ADP portal choosing their coverage or denying coverage.

Augusta, Georgia's Open Enrollment Period will be held November 15, 2018 thru November 30, 2018.

The deadline to enroll is November 30, 2018.

You will not be able to make any additional plan changes until the next open enrollment unless you experience a qualifying event.



For questions regarding your benefits call your Benefits Resource Center at 855-874-6699.

What's new this year?

- Wellness Initiative 2019

Eligibility

Active employees of Augusta, Georgia working at least 30 hours each week and their eligible dependents.

Generally, for the Augusta, Georgia benefits program, dependents are defined as:

- Your spouse
- Dependent "child" up to age 26.

Family Status Change Events

Generally, you can only change your benefit elections during the annual benefits enrollment period. However, you may be able to change some of your benefit elections upon the occurrence of certain changes in status events, provided you properly notify ADP and the change is permitted under the plan terms. Examples of these changes in status events may include:

- Your marriage
- Your divorce or legal separation
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects his or her benefits
- Change in your work status that affects your benefits
- Change in residence or work site that affects your eligibility for coverage
- Change in your child's eligibility for benefits
- Receiving a Qualified Medical Child Support Order (QMCSO)

If you have a family status change, you must notify ADP 30 days after the qualifying event and complete the necessary forms.

Wellness Program



The Augusta, Georgia Wellness Program in 2019 will provide employees that choose to comply and participate in the program an opportunity for their 2019 rates to remain the same as 2018. The requirements for the Wellness Program are:

- Completion of a Tobacco Affidavit
- Completion of a free Tobacco Cessation program, if the employee confirms tobacco usage
- Completion of a Health Risk Assessment Questionnaire
- Completion of a Bio-metric screening offered at no charge by Augusta, Georgia, pay \$20 to have the screening completed at a Wellness Center, or an employee can choose to visit their own physician for the screening (subject to medical plan copays).

Contact Information

Have Questions? Need Help?

Augusta, Georgia is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available Monday through Friday 8:00am to 5:00pm Eastern & Central Standard Time. For questions regarding your benefits enrollment options or claims issues, please call 855-874-6699 or email them at BRCEast@usi.com. If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Important Numbers		
Vendor	Phone Number	Website
AFLAC	800-992-3522	www.aflac.com
BCBS Customer Service	855-397-9269	www.bcbsga.com
Benefit Resource Center	855-874-6699	
Benefit Solution Center	877-692-8423, "0"	https://portal.adp.com
Charles Nechtem Associates (EAP)	800-531-0200	www.charlesnechtem.com
EyeMed Vision Care	866-939-3633	www.eyemedvisioncare.com
FlexDirect (ADP)	800-654-6695	www.myspendingaccount.adp.com
GMEBS	404-688-0472	www.gmanet.com
Human Resources	706-821-2303	www.augustaga.gov/humanresources
Magellan RX	800-424-8009	www.magellanrx.com
MetLife Insurance Company	800-638-5433	www.metlife.com/dental
Nationwide	877-677-3678	www.nrsforu.com
Newport Group	844-749-9981	www.newportgroup.com
Police and Firemen's Ins.	706-951-9620	www.pfia1913.org
QPA ('45 & '49 plans)	706-724-4557	www.qpainc.com
Standard Insurance Company	800-368-1135	www.standard.com
Voya	800-262-3862	www.voya.com
Wellness Center	706-723-6015	

Medical Benefits

Augusta, Georgia is pleased to provide eligible employees and dependents with a choice of medical plans through Blue Cross Blue Shield of Georgia. For your reference on the next couple of pages we have highlighted some of the most frequently used benefits below, but encourage you to review the Summary of Benefits & Coverage or Summary Plan Description for complete details on exclusion, limitations and pre-authorization requirements.

Blue Cross Blue Shield of Georgia Medical HMO	In Network Only
Calendar Year Deductible	
▪ Individual	\$300
▪ Family	\$900
Benefit Coinsurance	
	100%
Out-of-Pocket Maximum (includes copays & deductible)	
▪ Individual	N/A
▪ Family	N/A
Physician Office Visits	
▪ Primary Care	\$40 Copay/Visit
▪ Specialists Visits	\$60 Copay/Visit
Preventive Care	
	\$0 Copay if In-Network
Laboratory & X-ray Services	
	100%
Hospital Services	
▪ Inpatient	\$500 Copay/Admission
▪ Outpatient	\$250 Copay
Emergency Room	
	\$400 Copay/Visit
Urgent Care Services	
	\$60 Copay/Visit
Prescription Drugs (Retail up to 30-day supply)	
▪ Generic	\$20 Copay
▪ Brand (Formulary)	\$40 Copay
▪ Brand (Non-Formulary)	\$60 Copay
Prescription Drugs (Mail Order up to 90-day supply)	
▪ Generic	\$30 Copay
▪ Brand (Formulary)	\$60 Copay
▪ Brand (Non-Formulary)	\$100 Copay

Employee Contributions

HMO Plan Effective: 1/1/19		
	Wellness Rate	Standard Rate
Employee	\$51.41	\$61.94
Employee & 1 Dep	\$102.83	\$123.89
Employee & 2+ Deps	\$154.25	\$185.83

Medical Benefits

Blue Cross Blue Shield of Georgia Medical POS (2-Tier)	POS In-Network	POS Out-of-Network
Calendar Year Deductible		
▪ Individual	\$500	\$1000
▪ Family	\$1000	\$2000
Benefit Coinsurance		
	30% coinsurance	40% coinsurance
Out-of-Pocket Maximum		
▪ Individual	\$2,500	\$5,000
▪ Family	\$5,000	\$10,000
Physician Office Visits		
▪ Primary Care	\$40 Copay/Visit	40% coinsurance
▪ Specialists Visits	\$60 Copay/Visit	40% coinsurance
Preventive Care		
	\$0 Copay if In-Network	40% coinsurance
Laboratory & X-ray Services		
	100%	40% coinsurance
Hospital Services		
▪ Inpatient	\$500 Copay / then 30% coinsurance	40% coinsurance
▪ Outpatient	\$250 Copay	40% coinsurance
Emergency Room		
	\$400 Copay/Visit Copay waived if admitted	
Urgent Care Services		
	\$60 Copay/Visit	40% coinsurance
Prescription Drugs (Retail up to 30-day supply)		
▪ Generic	\$20 Copay	40% coinsurance
▪ Brand (Formulary)	\$40 Copay	40% coinsurance
▪ Brand (Non-Formulary)	\$60 Copay	40% coinsurance
Prescription Drugs (Mail Order up to 90-day supply)		
▪ Generic	\$30 Copay	40% coinsurance
▪ Brand (Formulary)	\$60 Copay	40% coinsurance
▪ Brand (Non-Formulary)	\$100 Copay	40% coinsurance

Employee Contributions

	POS Plan Effective: 1/1/19	
	Wellness Rate	Standard Rate
Employee	\$57.04	\$68.77
Employee & 1 Dep	\$114.16	\$137.53
Employee & 2+ Deps	\$171.22	\$206.29

Retail vs. Mail Order

You win 3 times!!!

Need "new ways" to save money on your prescriptions? Magellan RX is an easy way to (1) have routine prescriptions mailed to your home, (2) save a co-pay on a 90-day supply, and (3) avoid making that trip!!!

To set up your Home Delivery Pharmacy Service for prescriptions needed for a minimum of 90 days:

- Have your doctor write two prescriptions. The first prescription should be for a one-month supply that can be immediately filled at a local participating pharmacy. The second prescription should be for a 90-day supply of medication plus refills up to one year. Use this prescription to obtain your medications from Magellan RX.
- Complete the information form titled Ordering Medications from the Home Delivery Pharmacy Service. Mail the form with your prescription and payment in the envelope provided. (Mail order packets are available in Human Resources.)
- First-time users will need to complete the Health, Allergy and Medication Questionnaire and return it with the prescription(s). This information is confidential and will only be used when appropriate to alert the pharmacist about possible problems each time you fill a prescription.

How to:

- Fill a prescription by fax --- If you don't have the original prescription, you can complete the Prescription form and have your doctor fax it, along with an original prescription, to Magellan RX at (1-866-364-2673) Magellan RX must receive your faxed prescriptions directly from the physician's office.
- Fill a prescription by mail --- Use the Home Delivery Order Form.
- Refill your order --- To order new prescriptions by phone, call a Magellan RX pharmacy associate at 800-424-8009. Call the phone number provided on your prescription bottle when you are ready to order a refill.
- Pay for your prescription --- You may pay by check, money order, or credit card.
- Receive your order --- Order usually arrives within two weeks. Your package will include medication container(s), instruction(s) for refills, and information about your medication.

You have a choice:

- **The Prescription Drug List-** When selecting medication, you and your physician should consult the Prescription Drug List. This list is a tool to assist in identifying and selecting medications that will save you money under your pharmacy benefit. To learn more about the Prescription Drug List, go to the MagellanRX website at www.magellanrx.com
- **Generic Drugs-** Ask your physician and pharmacist if a generic drug is available. Call the toll-free Customer Service number on your ID card, 24 hours a day, 7 days a week (except Thanksgiving and Christmas) with questions you may have.

Retail Preferred Drug	Co-pay Per Month	Mail Order Maintenance Drug	Co-pay For (3) Months
Generic Preferred	\$ 20.00	Generic Preferred	\$ 30.00
Brand Preferred	\$ 40.00	Brand Preferred	\$ 60.00
Non-Preferred	\$ 60.00	Non-Preferred	\$ 100.00

Dental Benefits

Dental benefits provide you and your family with comprehensive coverage to keep your smile shining bright! The chart below provides you a summary of the key benefits of the dental insurance available from MetLife Insurance Company. For a complete list of all your dental insurance benefits and restrictions, please refer to your booklet or contact your plan administrator.



Network:

- Save on average 30% of normal charges
- Metlife.com/dental to find a provider
- Over 175 providers in the area
- Out of pocket costs are typically higher Out of Network

	MetLife Dental PDP Plus Plan
Calendar Year Deductible	
▪ Waived for Preventive Care?	Yes
▪ Individual	\$50
▪ Family	\$150
Benefit Maximum	
	\$1,000
Preventive Care Services	
• Cleanings and Exams	100%
Basic Services	
• Fillings and sealants	80%
Major Services	
• Extractions, Root Canals, Crowns, Bridges	50%
Orthodontia	
Lifetime Maximum	\$1,000

If you use a non-participating provider, you will pay more out-of-pocket since those providers do not have negotiated rates with your dental carrier. You will also be responsible for any amount over reasonable and customary (R&C).

*Members who enroll more than 31 days after becoming eligible will be subject to an individual benefit waiting period, subject to policy guidelines. There are additional limitations to your coverage. A complete list is included in your booklet

Employee Contributions

	MetLife PDP Plus
Employee	\$4.25
Employee & 1 Dep	\$8.61
Employee & 2+ Deps	\$12.91

Vision Benefits



Augusta, Georgia has designed a vision plan that includes coverage for both an annual vision exam as well as vision hardware benefits. You should always use an in-network provider whenever possible to receive the highest benefit level.

EyeMed Vision Care Base Option			EyeMed Vision Care High Option	
	In-Network Member Cost	Out-of-Network Reimbursement	In-Network Member Cost	Out-of-Network Reimbursement
Vision Exams				
• Benefit	\$10 copay	Up to \$25	\$10 copay	Up to \$25
• Frequency	Once every 12 months		Once every 12 months	
Vision Materials				
• Frames	\$0 copay, \$100 allowance; 20% off balance over \$100	Up to \$50	\$0 copay, \$200 allowance; 20% off balance over \$200	Up to \$100
Lenses				
• Single Vision	\$5 Copay	Up to \$20	\$5 Copay	Up to \$20
• Bifocal		Up to \$35		Up to \$35
• Trifocal		Up to \$60		Up to \$60
Contact Lenses				
• Conventional	\$5 Copay; \$100 allowance, 15% off balance over \$100	Up to \$65	\$5 Copay; \$200 allowance, 15% off balance over \$200	\$140
• Disposable	\$5 Copay; \$100 allowance, plus balance over \$100	Up to \$65	\$5 Copay; \$200 allowance, plus balance over \$200	\$140
• Medically Necessary	\$0 Copay, Paid-in-Full	Up to \$200	\$0 Copay, Paid-in-Full	\$200

Employee Contributions

	Vision Low Contributions	Vision High Contributions
Employee	\$3.07	\$4.55
Employee & 1 Dep	\$6.15	\$9.12
Employee & 2+ Deps	\$8.45	\$12.53

Basic Life Insurance

Augusta, Georgia provides Basic Life Insurance benefits to eligible employees at no cost. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. Employees can choose to purchase AD&D coverage at an additional cost.

Standard Insurance Company	
Basic Life Benefits	
Life Benefit	\$50,000

Basic Life insurance coverage amounts reduce by 35 percent at age 65, and by 50 percent at age 70.

Other Basic Life Features and Services

- Accelerated Benefit
- Portability of Insurance Provision
- Repatriation Benefit
- Right to Convert Provision
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

Beneficiary

Remember to keep your beneficiary updated, which can be done anytime throughout the year. If you are married and living in a community property state your insurance carrier may require that you designate your spouse (or in some cases a registered domestic partner) for at least 50% of the benefit unless you have a waiver notice on file from your spouse. Consult your legal or tax advisor for further guidance on this issue.

Disability Insurance

Long Term Disability

Disability benefits are also offered through Standard Insurance Company at no cost to the employee. We are excited to offer these benefits to all eligible employees. Please find a brief description below. For additional information, please refer to your certificate of coverage.

Group Long Term Disability insurance from the Standard Insurance Company helps provide financial protection for insured members by promising to pay a monthly benefit in the event of a covered disability.

Standard Insurance Company	
Long Term Disability	
Monthly Benefit	60%
Maximum Monthly Benefit	\$5,000
Minimum Monthly Benefit	\$100
Definition of Disability	2-year own occupation
Pre-Existing Waiting Period	180 days

Voluntary Life & Accidental Death Dismemberment

In addition to the employer paid Basic Life coverage, you have the option to purchase additional voluntary Life and AD&D insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and evidence of insurability. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Standard Insurance Company	
Voluntary Life and AD&D Benefits	
Employee	
Benefit Maximum	The lesser of a) \$400,000 and b) 5 times your Annual Earnings
Benefit Minimum	\$10,000
Spouse	
Option 1	\$5,000
Option 2	\$10,000
Child(ren)	
Benefit Maximum	\$5,000
AD&D Benefit	Equal to the life insurance benefits or as indicated in the contract based on type of loss

Important Things to Consider

You will need to provide evidence of insurability for insurance if:

- You elect to initially enroll in an amount over the guarantee issue amount
- You elect to increase your current amount in excess of the guaranteed issue amount
- You declined voluntary life during your initial eligibility period and would like to enroll this year

Per Pay Cycle Employee Contributions

Age	Employee (per \$1,000 of benefit)
Under 29	.045
30 - 34	.050
35 - 39	.060
40 - 44	.095
45 - 49	.160
50 - 54	.265
55 - 59	.410
60 - 64	.640
65 - 69	1.150
70 - 74	1.845
Over 75	1.845

Child Rates

If you elect Dependents Life insurance for your eligible child(ren), your monthly rate for this coverage is \$1.00, paid by each member electing coverage, regardless of the number of eligible children covered. Premiums for this coverage will be deducted directly from your paycheck.



Insurance Policies and Benefits Services

Aflac offers a wide range of policies that can help with events from accidents to intensive care. All you have to do is choose the ones best suited for you.

- ▶ [Accident](#)
- ▶ [Cancer/Specified-Disease](#)
- ▶ [Hospital Confinement Indemnity](#)
- ▶ [Life](#)
- ▶ [Hospital Confinement Sickness Indemnity](#)
- ▶ [Hospital Intensive Care](#)
- ▶ [Long-Term Care](#)
- ▶ [Lump Sum Cancer](#)
- ▶ [Lump Sum Critical Illness](#)
- ▶ [Short-Term Disability](#)

Wellness Benefit

Aflac believes that preventative medical testing and screenings are just as important to maintaining good health as seeking treatment when you are ill or have been hurt in an accident. For this reason, we offer the Wellness Benefit to our policyholders. Aflac will pay a benefit for routine examinations or other preventative tests. Your benefit period and type of screenings covered may vary by type of policy. Covered screenings may include*:

- annual physical examinations
- mammograms
- pap smears
- eye examinations
- immunizations
- flexible sigmoidoscopies
- prostate-specific antigen (PSA) tests
- ultrasounds
- blood screenings

Services must incur a charge and be supervised or recommended by a physician.

***See your policy for additional Wellness benefit information.**



- ▶ Whole Life Insurance
- ▶ Flexible Premium Annuities
- ▶ Membership Policy
- ▶ Yearly Renewable Term/ 10 Year Level Term Insurance
- ▶ Accident and Sickness Disability
- ▶ Other Benefits Available

Mission Statement: The mission of the Association shall be to create and operate a Supreme Lodge and Subordinate Branches for the purpose of inculcating principles of friendship and brotherhood among Police Officers and Fire Fighters while encouraging participation in fraternal activities benefiting not only their peers, but their communities as well. We will provide financial assistance to its members through disability certificates and pay final expenses for members with legal reserve life insurance policies. We will operate in accord with its Articles of Incorporation, Constitution and Bylaws.



Do you like to save on paying taxes? Of course! That's why you should know:

- *You can save money* by setting aside pre-tax dollars to pay for health and/or dependent care services.
- *Paying less in taxes is like saving 20 to 50 percent on eligible health care services*, depending on your individual income and tax filing status, when you use an FSA.
- You can pay less in taxes when you lower your taxable income by opening an FSA.

I. A health care FSA for you and your dependents' out-of-pocket health care expenses:

- Allows you to put a portion of your pay aside, on a pre-tax basis, to reimburse yourself for eligible out of pocket medical, dental, and vision expenses. Includes contact lens solution, laser eye surgery, hearing aids and batteries, smoking cessation, and orthodontic services.
- Please note that IRS regulations now dictate that a prescription is required to purchase over-the-counter (OTC).
- Tax free—you cannot take income deductions for expenses you pay with your health care FSA.
- The FSA account reimburses IRS defined eligible expenses up to an annual maximum of \$2,600.
- All participants receive a Health Care Account Card that works like a debit card and can be used as a VISA at approved merchants.



II. A dependent care FSA for expenses related to care of eligible dependents:

- Allows you to reimburse yourself for dependent care expenses while you and your spouse work. These expenses must be related to care or services provided to children under age 13 or dependents that are mentally or physically incapable of caring for themselves.
- Tax free--you cannot take the federal tax credit for the same expenses you paid through the dependent care FSA.
- Eligible dependent care expenses are reimbursed up to the amount as defined by the IRS.
- *In accordance with Section 129 of the Internal Revenue Code, an employee can generally exclude from Gross Income up to \$5,000 of benefits received under a dependent care assistance program each year. The limit is reduced to \$2,500 for married employees filing separate returns. The exclusion cannot be more than the earned income of either the employee or the employee's spouse.*

The FlexDirect Website (www.myspendingaccount.adp.com) will allow employees to:

- Self Register
- View Coverage and Personal Information
- View Current and Historical Claims and Reimbursements
- Set Up Direct Deposit



Georgia Municipal Employee Benefits System

Effective January 1, 2008

Purpose-

The GMEBS Plan, a 401(a) Defined Benefit pension, is designed to supplement social security and the personal savings of career employees. The purpose of the plan is to provide additional income to make it easier for you and your family to be secure and independent in your retirement years. SEE PLAN DOCUMENTS FOR LEGAL DETAILS.

Eligibility -

Basic Requirements— Full-time employees participate on the first day of employment if they are regular, common law employees under the Augusta, Georgia Personnel Policy. Part-time employees, temporary employees, seasonal employees and independent contractors are not eligible to participate.

Cost-

The Pre-Tax cost for participation is 4% of your current earnings, unless you were a participant in the Prior GMEBS plan. The employee contribution rate is subject to change by the Augusta, Georgia Consolidated Government.

Benefit-

After you become eligible and qualify for retirement benefits under the Plan, the Plan pays you a monthly retirement benefit for as long as you live. Your normal retirement benefit is computed based upon a specified percentage of your final average earnings for each year of credited service.

For eligible employees hired after October 1, 2007, and for eligible employees employed as of October 1, 2007 who elected the 2008 Plan, your annual benefit for retirement after January 1, 2010 is calculated as follows:

1.65% of your Final Average Earnings **multiplied by** your years of Credited Service.



**If you are Re-Hired by Augusta, Georgia anytime after October 1, 2007 then special rules apply, depending upon which Plan you participated in prior to October 1, 2007 and/or which plan election you made, if any.



Nationwide[®] Retirement Solutions

On Your Side[™]

Welcome to the growing family of County employees across the nation who are signing up for a better retirement. By joining Augusta, Georgia's Voluntary 457(b) Deferred Compensation Program you are on your way to making a real difference in your financial future.

Together with the National Association of Counties (NACo), your new plan provides you with added advantages not found in traditional supplemental retirement programs.

- **It is monitored by your peers and your association.** NACo's Advisory Committee, made up of participating County officials, continuously oversees the plan. Add to that the supervision from NACo's staff and partnership with 42 state associations of counties, and you have a program that knows your best interest and is committed to watching over them.
- **It offers service you can trust.** For nearly 30 years, our program has consistently demonstrated a high level of quality and suitability for County employees nationwide.
- **You benefit from strength and value in numbers.** A large asset base built from the hundreds and thousands of County employees who contribute to your program provides even greater opportunity for your investments.

Participating in the plan is easy. You contribute a portion of your pay to your plan account each pay-day through convenient payroll deduction. Once in the plan, tax advantages give your retirement investment the ability to grow tax-deferred.

Easy Web access— 24/7

Get on-line access to your account and investment education at nrsforu.com.

Easy Phone access 24/7

You can access your account over the phone using the Automated Voice Response Unit by calling 1-877-677-3678.

One-on-One help

Need more personnel help? Retirement Specialists are available to assist you with all your deferred compensation questions. Call 1-877-NRS-FORU (1-877-677-3678) toll-free.



Ready to End Your Tobacco Addiction?

Wellness is an active process of becoming aware of and making choices toward a healthier and more successful life. An individual who moves more, eats better, and avoids using tobacco products tends to have higher morale, productivity, reduced absenteeism, and lower turnover.

ON AVERAGE, ADULTS WHO SMOKE DIE 13 TO 14 YEARS EARLIER THAN NONSMOKERS. TOBACCO USE REMAINS THE LEADING PREVENTABLE CAUSE OF DISEASE, DEATH, AND DISABILITY IN THE UNITED STATES.

Health Benefits of Quitting

Within 20 minutes:

- Your heart rate drops



Within 12 hours:

- The carbon monoxide level in your blood is normal

Within 2 weeks to 3 months:

- Your circulation improves and your lung function returns to normal

Within 1 to 9 months:

- Your coughing and shortness of breath decreases

Within 1 year:

- Your risk of heart disease is about 1/2 that of a tobacco user

Within 5 years:

- Your risk of stroke equals that of a non-tobacco user

RESOURCES:

The program that works best for you may be very different from the program that works best for someone else. Talk to your primary care provider for a program designed to meet your total health needs.

**BlueCross BlueShield of Georgia's
360 Health Smoking Cessation Program**
www.bcbsga.com

Check out information on the prescription drug "Chantix" at <http://www.pfizer.com>

Georgia Tobacco Quitline
1.877.270.STOP

St. Joseph's Hospital Knock Out Nicotine
Atlanta, GA 678.843.7454

American Cancer Society
1.800.ACS.2345
www.cancer.org

American Lung Association
www.quotterinyou.org

**CDC Tobacco Information and Prevention
Source (TIPS) 1.800.QUIT.NOW**
www.cdc.gov/tobacco

Kill the Can
www.killthecan.org

SmokeFree.Gov 1.877.44U.QUIT
www.smokefree.gov

Staying Healthy is Just as Important as Getting Well

Every person has some sort of health risk to varying degrees, whether it's unhealthy eating, lack of exercise or sleep, drinking, smoking, or even something genetic. Using a wellness program can make positive change happen. Not only will you be able to complete your job responsibilities, but you will have more energy and vigor to give to your family and friends when you get home.

AMERICANS ARE GETTING BIGGER, AND THE RESULTING HEALTH ISSUES ARE GROWING. IN FACT, 20-25% OF THE US POPULATION HAS METABOLIC SYNDROME—A COMBINATION OF THREE OR MORE OF THE SIX RISK FACTORS THAT PREDICT DIABETES, HEART DISEASE, COLON, PROSTATE, AND UTERINE CANCERS:

1. Waist >40" men or >35" women
2. Blood pressure >130/85
3. Fasting blood sugar >100
4. Triglycerides > 150
5. HDL <40 men or <50 women
6. Smoking



AUGUSTA HEALTH & WELLNESS CENTER

8:30 TO 5:00 P.M. MONDAY - FRIDAY

PHONE (706-723-6015)

FAX (706-723-6019)

Our goal is to create a "New You"!

- Early detection of potential health risks to improve quality of life
- Lower the cost of primary care with an on-site Practitioner available to all employees & their dependents participating in the Group Medical Plan
- Engage employees in health promotion, prevention, and health risk management

360 HEALTH: EMPLOYEES ENROLLED IN ANY OF OUR BCBSGA MEDICAL PLANS ALSO HAVE ACCESS TO A PROGRAM THAT PROVIDES CUSTOMIZED HEALTH CARE RELATED SERVICES THAT EMPOWER MEMBERS WITH THE RESOURCES, TOOLS, GUIDANCE, AND SUPPORT TO HELP THEM MANAGE THEIR HEALTH WHILE MANAGING THEIR HEALTH CARE COSTS. Once enrolled in your benefits, log on to the Member Access at bcbsga.com and elect the 360 Health tab.

24/7 NURSELINE

Health Information With Just a Call

Nurseline through BCBSGA offers access to qualified registered nurses anytime—to help members of any of our plans make informed decisions about the appropriate level of care and avoid unnecessary worry.

To reach the nurseline, call 1.800.785.0006



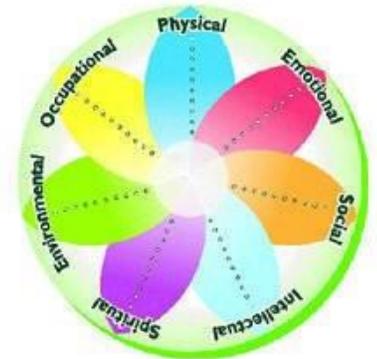
WELLNESS PROGRAM

All full-time employees are eligible to enroll in an approved Wellness Facility. Although the cost varies depending on where you enroll, you may be eligible to receive up to 100% reimbursement of your cost depending on your participation. Visit the Human Resources Department to join.

Facility	Monthly Rate	Public Safety Rate	Dependents Rate
The Family Y	\$38.00	\$26.00	\$18.00 All Dependents
Aquatic Center	\$18.00	\$18.00	\$16.00 All Dependents
Tennis Center	\$20.00	\$20.00	\$5.00 All Dependents
Anytime Fitness	\$34.00	\$29.00	\$20.00 Per Dependent
Evans Fitness Express	\$20.00	\$20.00	\$10.00 Per Dependent
The Kroc Center	\$25.50	\$15.00	\$17.00 All Dependents

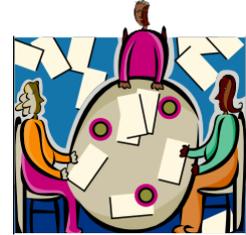
Family Y	
Number of Visits each Month	Amount Reimbursed (non-PS)
1-3	\$9.50
4-7	\$19.00
8-11	\$27.50
12+	\$38.00
Aquatic Center	
Number of Visits each Month	Amount Reimbursed
1-4	\$4.50
5-8	\$9.00
9-11	\$13.50
12+	\$18.00
Anytime Fitness	
Number of Visits each Month	Amount Reimbursed
1-3	\$8.50
4-6	\$17.00
7-9	\$25.50
10+	\$34.00
Evans Fitness Express	
Number of Visits each Month	Amount Reimbursed
1-3	\$5.00
4-7	\$10.00
8-11	\$15.00
12+	\$20.00
The Kroc Center	
Number of Visits each Month	Amount Reimbursed
1-3	\$6.37
4-7	\$12.75
8-11	\$19.12
12+	\$25.50

Healthy Living



Employee Incentive Awards Program

The Employee Incentive Awards Program consists of recognition and awards for Employee of the Month, Employee of the Year, Years of Service and Retirement. Augusta, Georgia started these recognition awards as a way of showing appreciation for the loyal dedication of its employees.



Employee of the Month and Employee of the Year Awards

Employee of the Month and Employee of the Year Awards are approved by Department Directors and submitted to the Employee Recognition Committee for final consideration. Nominations for employee of the Month are due by the 1st of every month for the previous month. The Employee of the Month is recognized and awarded at the 2nd Commission Meeting of the month. Nominations for Employee of the Year are due no later than December 15th and final decision is made by the Employee Recognition Committee. Employee of the Month and Employee of the Year receive cash (\$100-250) and non-cash awards in recognition of high quality work and excellent customer service.



Years of Service Awards

Years of Service Awards are awarded every month on the department level and at the Commission Meeting. Years of Service recipients for employees with the following years (5, 10, 15 & 20) are presented a certificate and a Years of Service pin from their Department Director with an internal presentation ceremony decided by that department. Employees celebrating their anniversaries for (25, 30, 35, 40, 45 & 50 years) are presented with a certificate and Years of Service pin at the 2nd Commission Meeting each month.

Retirement Recognition Awards and Celebration

Retirement Recognition Awards are given to honor retirees for each respective calendar year. Retirees receive a special recognition certificate, engraved retirement clock, retirement pin and are also invited to attend the annual Retiree Recognition Dinner. The dinner will normally take place on the third weekend in October where the retiree will receive two free tickets to attend. The retirees are honored and recognized by the Mayor, all Commissioners, the Administrator and the department heads. The dinner also includes music and a large number of raffle gifts for the retirees and their guests.



Important Legal Notices

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

Michelle's Law

Under the ACA, dependent children are covered by the group health plan until age 26. Insert company name group health plan extends dependent coverage beyond the ACA requirements, to age insert age, so long as the child is covered as a student. If your child has extended coverage as a student but loses their student status because they take a medically necessary leave of absence from school your child may continue to be covered under the plan for up to one year from the beginning of the leave of absence. This is available if, immediately before the first day of the leave of absence, your child was (1) covered under the plan and (2) enrolled as a student at a post-secondary educational institution (includes colleges and universities).

To obtain more information, contact person listed at the end of this summary.

Newborns Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact person listed at the end of this summary.

Notice Regarding Wellness Programs

Augusta Georgia is a voluntary wellness program available to all employees. The program is administered according

to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for cholesterol and glucose. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program will receive an incentive of a 10% premium discount. Although you are not required to complete the HRA or participate in the biometric screening, only employees who do so will receive the premium discount.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting The Human Resources Department.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as a Diabetes or Weight loss program. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Augusta, Georgia may use aggregate information it collects to design a program based on identified health risks in the workplace, Augusta Georgia will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is (are) a registered nurse, "a doctor," or "a health coach" in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact The Human Resources Department.

Notice of Grandfathered Status

This Group Health Plan believes this [plan or coverage is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at the contact information below. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.].

Wellness Program Disclosure

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at The Human Resource Department and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Patient Protection Model Disclosure

Augusta Georgia generally requires the designation of a primary care provider if you are enrolled in the HMO plan. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, BCBS Georgia designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the BCBS Georgia or visit their website at www.bcbsga.com

You do not need prior authorization from Augusta Georgia or BCBS Georgia or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the BCBS Georgia or visit their website at www.bcbsga.com

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or **dial 1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2018. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx X	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	NEW YORK – Medicaid
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	NORTH DAKOTA – Medicaid
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-462-1120	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	OREGON – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP_P Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid		WASHINGTON – Medicaid	
Website: http://dss.sd.gov Phone: 1-888-828-0059		Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473	
TEXAS – Medicaid		WEST VIRGINIA – Medicaid	
Website: http://gethipptexas.com/ Phone: 1-800-440-0493		Website: http://www.dhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability	
UTAH – Medicaid and CHIP		WISCONSIN – Medicaid and CHIP	
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669		Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002	
VERMONT– Medicaid		WYOMING – Medicaid	
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427		Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531	
VIRGINIA – Medicaid and CHIP			
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282		Website: Website:	

To see if any other states have added a premium assistance program since January 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

Important Notice from Augusta Georgia About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Augusta Georgia through MagellanRX and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Augusta Georgia has determined that the prescription drug coverage offered by Magellan RX is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Augusta Georgia coverage will be affected. If you joined a Medicare drug plan after a COBRA qualified event, your COBRA coverage may end.

If you do decide to join a Medicare drug plan and drop your current Augusta Georgia coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Augusta Georgia and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information The Human Resources Department or MagellanRX.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Augusta, Georgia changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Name of Entity/Sender:	Augusta, Georgia
Address:	535 Telfair Street, Suite 400-Municipal Building, Augusta, Georgia 30901
Phone Number:	706-821-2874

Contact Information

Questions regarding any of this information can be directed to:
Kenneth Perry
706-849-5917
kperry@augustaga.gov



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMBNo.1210-0149
(expires 5-31-2020)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or The Human Resource Department.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Augusta, Georgia		4. Employer Identification Number (EIN) 58-1651611	
5. Employer address 535 Telfair Street, Suite 400-Municipal Building		6. Employer phone number 706-821-2874	
7. City Augusta	8. State GA	9. ZIP code 30901	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees. Eligible employees are:

- Some employees. Eligible employees are:

- With respect to dependents:
 - We do offer coverage. Eligible dependents are:

- We do not offer coverage.

- If checked, this coverage meets the minimum value standard*, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

* An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

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ABOUT THIS GUIDE

This benefit summary provides selected highlights of the Augusta, Georgia employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Augusta, Georgia reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.



Prepared on behalf of Augusta, Georgia by USI Insurance Services

This brochure summarizes the benefit plans that are available to Augusta, Georgia eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.