Paulding County Government 2011-12 Employee Benefits

NOTE: All full-time employees of Paulding County are offered a comprehensive Benefits package. Benefits listed below are for full-time employees unless otherwise indicated. Please see the following pages for additional information on each of these benefits.

Health and Wellness Benefits

All eligible full-time employees, automatically receive the following benefits (no cost to employee):

- Paid Leave and Holidays
- Basic Employee Life Insurance
- Accidental Death & Dismemberment (AD&D)
- Short Term Disability
- Long Term Disability
- Employee Assistance Program (EAP)

All eligible full-time employees may elect the following coverages as a package that is paid through a bi-weekly payroll deduction (cost shared by employee & County):

- Medical Insurance & Discount Vision Plan
- Prescription Drug Plan (Rx)
- Dental & Discount Vision Plan
- Wellness Communications Program
- Heath Advocate
- Simply Engaged

All eligible full-time employees may enroll in the following voluntary benefits:

- Voluntary Term Life Insurance (Employee funded)
- Dependent Care Spending Account (Pre-tax dollar spending account)

All enrolled dependents of full-time employees receive the following benefits (cost shared by employee & County):

- Life Insurance
- Medical Insurance & Discount Vision Plan
- Prescription Drug Plan (Rx)
- Dental & Discount Vision Plan
- Heath Advocate
- Simply Engaged

Retirement Benefits

- All eligible full-time employees are automatically enrolled, at no cost to the employee, in the Paulding County Government Employees' Pension Plan.
- All eligible full and part-time employees may elect to participate in an employer-matched 457 Deferred Compensation Program as well as a Roth IRA. Part-time employees do not receive the employer match.

Additional Benefits

- IBM Southeast Credit Union (Available to all eligible full & part-time employees)
- Discount Program (Available to all eligible full & part-time employees)
- Direct Deposit

Health, dental and life insurance, AD&D, disability, and voluntary benefits are effective on the first day of the month following thirty (30) days of regular full-time employment (unless expressly stated otherwise under the description of the benefit below.) A six (6) month probationary period must be successfully completed before any leave time is awarded.

Paid Leave and Holidays:

Paid Holidays – There are ten (10) paid holidays per year:

New Year's Day
Martin Luther King's Birthday
Good Friday
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Day after Thanksgiving
Christmas Eve
Christmas Day

Vacation Leave is accrued as follows:

Regular full-time employees

Anniversary Date	Vacation Credited (on Anniversary Date)
Successful Completion of New Hire Probation	40 hours
1 year	40 hours
2, 3, and 4 years	80 hours
5, 6, 7, 8, and 9 years	96 hours
10 years and beyond	120 hours

24-hr. shift employees (scheduled 106 hours/pay period)

Anniversary Date	Vacation Credited (on Anniversary Date)
Successful Completion of New Hire Probation	53 hours
1 year	53 hours
2, 3, and 4 years	106 hours
5, 6, 7, 8, and 9 years	128 hours
10 years and beyond	160 hours

Sick Leave is accrued as follows:

Regular full-time employees – 96 hours per year (8 hours following every full month of service)
24-hr. shift employees – 128 hours per year (10⅔ hours following every full month of service)

Personal Leave is awarded January 1st of each year to all employees that have successfully completed their probationary period prior to January 1st and is accrued as follows:

Regular full-time employees – four (4) days/thirty-two (32) hours
24-hr. shift employees – five and one-quarter (5.25) days/forty-two (42) hours

Basic Employee Life Insurance/WorldNet Travel Assistance (through Reliance):

- Employee benefit amount is based upon employment classification
  - Elected Officials - $50,000
  - All other full-time employees - 1 times salary to maximum of $100,000
- Critical Illness Benefit
  - Lump sum payment equal to 10% of basic and supplemental life benefit amount up to $10,000
- Enrolled Dependents
  - Spouse will have life insurance of $5,000
  - Each child over 6 months will have life insurance of $2,500
- 24/7 Travel Assistance benefit through WorldNet

Accidental Death & Dismemberment (AD&D)/World Wide Assistance (through CIGNA):

- This coverage provides an additional amount to your beneficiary, equal to the Basic Life amount, if your death is due to accidental causes and the cause is not specifically excluded under the AD&D coverage.

- You will receive an amount equal to your Basic Life amount, if you should lose the use of two limbs and half of your Basic Life amount if you should lose the use of one eye or one foot.
- World Wide Assistance Benefit: When you are traveling more than 100 miles from your home, you have access through World Wide Assistance for locating medical care, emergency evacuation, medically-necessary repatriation, repatriation of remains and many other services.

Short Term Disability (STD) (through Unum):

- You will receive 60% of your weekly pre-disability salary (max of $830), if carrier determines you are disabled.
- Benefits begin accruing the 15th day non-occupational accidental injury, sickness or pregnancy.
- Benefits are payable for up to 24 weeks. You may be eligible for the Long Term Disability plan thereafter.

Long Term Disability (LTD) (through Unum):

- You will receive 60% of your monthly pre-disability salary to a maximum of $6,000 less deductible sources of income and disability earnings. The minimum monthly benefit is the greater of 10% of your gross monthly benefit or $100, if the carrier determines you are disabled.
- You will begin accruing LTD benefits from the 180th day of disability, and could receive them up to age 65 if you are disabled prior to age 60. If disabled at or after age 60, benefits are payable according to age-based schedule.
- Disabilities due to mental illness and self-reported conditions are limited to 24 months of benefits during your lifetime and there is a pre-existing conditions limitation.

Spouse Disability Rider (through Unum):

- A covered employee's spouse who experiences a cognitive impairment or loses two Activities of Daily Living, or develops a cognitive impairment will receive a benefit of $1,000 per month for up to 24 months.

Employee Assistance Program (EAP) – Work-Life Balance (through Unum):

- 24 hour a day, 7 day a week access to telephonic consultations
- Up to 3 face-to-face visits with counselor
- Online Resources like financial calculators, interactive tools and the ability to order free booklets and tapes.
- Access by calling 1-800-854-1446 or on www.unumprovident.com/worklifebalance
- For assistance with issues such as:
  - Grief and loss
  - Personal relationships
  - Marriage and family
  - Divorce and separation
  - Mental health
  - Violence and crisis

Prescription Drug Plan (Rx): Coverage through UHC and Medco (Mail Order)

- Prescription Coverage is included with both the Definity HRA Insurance Plans and the Choice Plus Health Plan
- Copay Amounts:

  $15 for Tier 1, for up to a 31-day supply.
  $35 for Tier 2, for up to a 31-day supply.
  $50 for Tier 3, for up to a 31-day supply.
  2.5x the above copays for Mail Order (up to a 90-day supply) for maintenance medications.

- Why use Mail Order?
  1. It saves you money! Using the $15 copay for one 30-day Tier 1 prescription twelve times a year costs you $180. Using the mail order $37.50 copay for a 90-day generic prescription four times a year costs you $150. A SAVINGS OF $30! Using Tier 2 prescriptions through mail order saves us to $70 per year. A family using five Tier 2 maintenance drugs realizes total savings for the entire year of $350!
  2. It also saves you time! No more trips to the pharmacy for maintenance drugs.

To enroll in the UHC/Medco Mail Order Program, complete a Medco by Mail order form (obtain by calling Medco or online at myuhc.com) and request a 90-day prescription, refillable for 12 months, from your physician. If you have questions while enrolling in the UHC Medco Mail Order Program, call 1-800-948-8779.

Medical and Prescription Drug

UnitedHealthcare Medical/Rx Summary of Benefits

You have the choice of three plans, the:

1. ***ChoicePlus***
2. ***Definity HRA Option 1***
3. ***Definity HRA Option 2***

	ChoicePlus		Definity HRA Option 1		Definity HRA Option 2	
Benefits	**In Network**	**Out of Network**	**In Network**	**Out of Network**	**In Network**	**Out of Network**
Health Reimbursement Accounts*						
Individual	None	None	$1,000	$1,000	$1,000	$1,000
Family	None	None	$2,000	$2,000	$2,000	$2,000
Calendar Year Deductible						
Per Individual	$1,500	$3,000	$2,000	$4,000	$3,000	$6,000
Family Maximum	$3,000	$6,000	$4,000	$8,000	$6,000	$12,000
Coinsurance	80%	60%	90%	70%	90%	70%
(the percentage of costs you share with the insurance company after your HRA is exhausted and you meet any remaining portion of your deductible)						
Calendar Year Coinsurance Out of Pocket Maximum Due to Coinsurance						
Per Individual	$1,500	$3,000	$3,000	$6,000	$3,000	$6,000
Family Maximum	$3,000	$6,000	$6,000	$12,000	$6,000	$12,000
Physician Office Visits						
Non-Specialist	100% after $25 Copay	70% after Deductible	90% after Deductible	70% after Deductible	90% after Deductible	70% after Deductible
Specialist	100% after $50 Copay	70% after Deductible	90% after Deductible	70% after Deductible	90% after Deductible	70% after Deductible
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Except for certain internal limits such as Durable Medical Equipment, Ostomy Supplies and certain therapies.						

HRA's are prorated quarterly:
If your benefits start date is 4/1 to 6/30 then your HRA is $750/individual and $1,500 per family.
If your benefits start date is 7/1 to 9/30 then your HRA is $500/individual and $1,000 per family.
If your benefits start date is 10/1 to 12/31 then your HRA is $250/individual and $500 per family.

Medical and Prescription Drug (continued)

UnitedHealthcare Medical/Rx Summary of Benefits

	ChoicePlus		Definity HRA Option 1		Definity HRA Option 2	
Benefits	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
MRI, PET, CT , MRA Nuclear Medicine	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible	90% after Deductible	70% after Deductible
Emergency Room	100% after $250 Copay	100% after $250 Copay	90% after Deductible	90% after Deductible	90% after Deductible	90% after Deductible
Ambulance	80% after Deductible	80% after Deductible	90% after Deductible	90% after Deductible	90% after Deductible	90% after Deductible
Urgent Care	100% after $75 copay	60% after Deductible	90% after Deductible	70% after Deductible	90% after Deductible	70% after Deductible
Vision Exams (1 every 2 years)	100% after $25 copay	60% after Deductible	90% after Deductible	70% after Deductible	90% after Deductible	70% after Deductible
Hospital Inpatient	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible	90% after Deductible	70% after Deductible
Hospital Outpatient	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible	90% after Deductible	70% after Deductible
Mental Health & Substance Abuse						
Inpatient	80% after Deductible	60% after Deductible	90% after Deductible	70% after Deductible	90% after Deductible	70% after Deductible
Outpatient	100% after $25 Copay	60% after Deductible	90% after Deductible	70% after Deductible	90% after Deductible	70% after Deductible
Prescription Drugs						
Tier 1	$15/up to a 31-day supply	$15/up to a 31-day supply	$15/up to a 31-day supply	$15/up to a 31-day supply	$15/up to a 31-day supply	$15/up to a 31-day supply
Tier 2	$35/up to a 31-day supply	$35/up to a 31-day supply	$35/up to a 31-day supply	$35/up to a 31-day supply	$35/up to a 31-day supply	$35/up to a 31-day supply
Tier 3	$50/up to a 31-day supply	$50/up to a 31-day supply	$50/up to a 31-day supply	$50/up to a 31-day supply	$50/up to a 31-day supply	$50/up to a 31-day supply
Mail Order (up to a 90-day supply)	2.5x above for Maintenance Medications	N/A	2.5x above for Maintenance Medications	N/A	2.5x above for Maintenance Medications	N/A

The above is a summary only, you are provided with a certificate booklet around the time of your effective date or when plan changes occur, which includes details.

Cost Sharing and Section 125

Paulding County wants all eligible employees and their families to participate in this program. Your level of contribution has been set to ensure this is the case.

Section 125 Premium Conversion Plan

This section of the IRS code allows you to make contributions to health and welfare plans provided by your employer, with before tax dollars. This is accomplished by reducing your pay by the amount of the contribution. This amount will be contributed to the plan for you, but will not show as taxable income, which means your tax payments are reduced.

Considering state and federal income taxes and FICA, all employees would be in at least a 23.65% total tax bracket. Many, particularly families with two incomes, will have higher tax rates. The actual cost to you of your benefits, net of the tax savings, is provided below for a marginal tax bracket of 23.65%.

ChoicePlus Option

	Employee Only				Employee + Family			
	Your %	Your Cost	PCBOC's %	PCBOC's Cost	Your %	Your Cost	PCBOC's %	PCBOC's Cost
Gross Cost	18%	$50.00	82%	$228.82	21%	$150.61	79%	$559.41
Less Tax Savings		$11.83				$35.48		
Net Cost		$38.17				$115.74		

Definity HRA Option 1

	Employee Only				Employee + Family			
	Your %	Your Cost	PCBOC's %	PCBOC's Cost	Your %	Your Cost	PCBOC's %	PCBOC's Cost
Gross Cost	3%	$10.00	97%	$289.92	11%	$85.61	89%	$682.42
Less Tax Savings		$2.37				$20.10		
Net Cost		$7.63				$66.12		

Definity HRA Option 2

	Employee Only				Employee + Family			
	Your %	Your Cost	PCBOC's %	PCBOC's Cost	Your %	Your Cost	PCBOC's %	PCBOC's Cost
Gross Cost	0%	$0	100%	$272.44	9%	$60.61	91%	$631.83
Less Tax Savings		$0				$14.19		
Net Cost		$0				$47.03		

NOTES:

- The gross benefit cost shown on the chart will be deducted from your pay. Your withholding for taxes will be reduced by your actual tax savings amount.
- The law requires that Section 125 participation elections may be changed only at plan anniversary dates except for "life changes" discussed in the enrollment materials, or "off" anniversary employer changes in benefits or costs.
- The $0.61 cost for family life insurance is not considered in the tax savings above because this does not apply to the Section 125 program.

Section 125 Dependent Care Spending Account

The Dependent Care Spending Account enables you to pay for certain out-of-pocket, work-related dependent daycare costs with pre-tax dollars. If you are married, you can use the account if you and your spouse both work, or, in some situations, if your spouse goes to school full-time. Single employees with a child or children can also use the account. You may set aside up to $5,000 per year.

How does the UHC Definity HRA work?

- You have a first dollar account (Health Reimbursement Account - HRA) where the first part of expenses in a benefit year for each member will be paid at 100% from your HRA except for the following three items:
    1. In Network covered preventive care office visits which are paid at 100% in addition to your HRA.
    2. Prescription drugs, which are paid at 100% after your copay.
    3. Any amounts above usual/customary charges are paid by you in addition to your portion of the deductible, if you use an Out of Network provider.
- **HRA Amounts:**
    - $1,000 for employee only coverage is provided in the HRA
    - $2,000 for employee + family coverage is provided in the HRA
    - These amounts are prorated based on when your coverage starts.
- If you have family coverage the full HRA amount can be used by one family or split between several depending on who incurs claims.
- Any portion of your HRA that is not used in a year is automatically rolled forward to the next calendar year. All unused portions in every year are rolled forward, regardless of how large the balance may grow to, until used up by the participant in this plan or the participant leaves the plan.
- If your claims exceed your HRA balance, the remaining portion of the deductible is paid by you up to the claim amount. After the deductible is met, the plan pays 90% and you pay 10% of covered charges until you have reached your maximum coinsurance out of pocket amount for the calendar year, which is $3,000 In Network.
- If you exceed your HRA, and reach your maximum portion of the deductible and coinsurance, all other covered expenses are paid at 100% for the remainder of the calendar year.
- The majority of Definity HRA members will not use all of their HRA and therefore will not get into their deductible.
- Whatever portion of a member's HRA that is not used during the first plan year rolls into the next plan year's HRA. This process continues from year to year.

The Definity HRA is what is known in the industry as a Consumer Driven Health Plan.

You've probably read newspaper and magazine articles or heard about them on radio or TV. The purpose of this plan is to put healthcare consumers in more control of the healthcare consumption process.

How does it benefit you by being more in control?

The portion of the $1,000 HRA that is not used in a given plan year is rolled to the next plan year. For example, if you use only $250 in covered medical expenses, you'll roll over the $750 balance. ($1,000 - $250 = $750). Then, for the next plan year, you'll have a HRA valued at $1,750 ($750 rollover + $1,000 for new plan year).

Important Notes:

- Preventive Care In Network is paid at 100%.
- Prescription Drug copays apply and the balance is paid by the plan.
- Any amounts above usual and customary charges are paid by you in addition to your portion of the deductible, if you use an Out of Network provider.

Mechanics of the HRA:

- First, UHC will process the medical claim according to the medical benefit plan (and will pay the provider for covered service portion of the claim if In Network and due to preventive/wellness or diagnostic lab or radiology/x-ray).
- Then, if you have funds in your HRA to cover your portion of the expense UHC will pay it directly to the physician.
- If there are not sufficient funds in the Health Reimbursement Account, you may be billed by your physician. Once the physician is paid, you will receive an explanation of benefits (EOB) for the Health Reimbursement Account.
- If a provider asks you to pay for services before the claim is submitted, ask them to please file the claim as normal with UHC. It is important that UHC follow the 3 steps above.
- If you do make a payment to your physician at the time of service and your HRA has funds, you will need to contact your physician to be reimbursed once the claim is processed.
- For medical claims (Rx is not part of the HRA), the HRA will pay your portion of the expense from your Health Reimbursement Account directly to In-Network physicians and Non-Network physicians that you have authorized to submit claims directly to UHC.
- If you visit a non-network physician and have not authorized them to submit claims on your behalf, you will need to submit the claim to the claim address on the back of the ID card. You will be responsible for paying your portion of

the expense to the physician and you will be reimbursed from your Personal Benefit Account after the claim is processed. In this instance, the check is sent to you to pay the provider.

Finding an In Network Provider

There are two ways to verify provider status online with UHC:

1. www.myuhc.com, automatically uses the Choice Plus network when searching for providers when you login,
2. www.uhc.com, if you use this option, the general provider directory, you will have to select the Choice Plus network.

You may also call UHC customer service or Health Advocate:

• Choice Plus: 866-633-2446
• Definity HRA's: 886: 866-314-9775
• Health Advocate: 866-695-8622

The most up to date information is obtained through the UHC toll free number; their toll free number and the website are updated every 2 - 4 weeks.

Important Note: Before setting every doctor's appointment, it is a good practice to check with UnitedHealthcare AND the physician's office to verify that the physician is a UnitedHealthcare network physician. *Some physicians in a practice group may be network physicians and others may not be. You need to ask about the specific physician you want to see. If the physician is not, UnitedHealthcare, can give you the names of others who are.*

Discount Vision through United Healthcare:

- Discounts for glasses & contacts are provided by UnitedHealth Allies at a savings of 10%-50% to the Member
- Definity HRA members, for Vision questions call 866-314-9775.
- Choice Plus members, for Vision questions call 800-203-4317.

Dental & Discount Vision Plan (through Guardian):

Dental Coverage

- The dental plan is included with both the Definity HRA and the Choice Plus Health Insurance Plans
- $50 deductible/individual, 3x maximum for a family.
- 100% preventive care, deductible waived.
- 80% for basic care, after deductible.
- 60% for major care, after deductible.
- $1,000 annual maximum per covered person.
- Maximum Rollover - If a member does not meet or exceed $500 in paid expenses during a plan year, they are eligible to rollover $250 to the next plan year, increasing the total annual maximum payable the following year to $1,250. This can continue each year until a total $2,000 annual maximum account size is reached.
- 60% orthodontia, for dependent children who are banded prior to age 19. $1,000 lifetime maximum per eligible child and are not eligible for Maximum Rollover.
- Out of Network claims are considered up to the 90th percentile of Usual, Customary and Reasonable charges.

Discount Vision

- Coverage through VSP by way of Guardian Dental
- To Verify Eligibility/Benefits and To Find Participating Providers:
  1. Call VSP at 800-877-7195
     - You will be prompted to enter your Social Security Number when you call.
     - If you search for providers you will be prompted to enter a zip code. It may be a good idea to have a list nearby of zip codes, in the event there is not a provider in first zip code you enter. VSP can even mail you a list of participating providers, if you select this option.
  2. Visit VSP online at https://www.vsp.com.
     IMPORTANT NOTE: You must have an email address to access information online with VSP.
- Discount Vision Benefits at participating providers include:
  - 20% off eye exams
  - 20% off frames, prescription lenses & lens options when a complete pair of prescription glasses is purchased
  - 15% off contact lens professional services (this is not a discount for contact lenses).

- 15% average discount for laser vision correction surgery.
  Note: These discounts are only available with a provider for the 12 months after you receive an eye exam with that provider.
- There are no claims to file. The provider verifies your eligibility and benefits with VSP at the time of your visit when you identify yourself as a VSP member, the provider then gives you with the discount at that time.
- There is no ID card, simply give the provider your name and social security number; they will verify eligibility and benefits with VSP. You may hear on the automated VSP line reference to an Access Plan ID card, Access Plan Sticker or Health Plan ID Card with Access Sticker, these do not apply to our plan.

Wellness Communications Program (through Optum):

- Paulding County has made an investment in the good health and quality of life of our employees and their families by providing you and your families with the "Taking Care" Wellness Program.
- When you use the program wisely, you, your family, and Paulding County will be the healthiest we can be. The overall health of plan participants will determine medical plan claims costs, and the future costs to all of us. Please commit to using this program to the good of you, your family, your co-workers, and our company.

Simply Engaged:

- Benefit through United Healthcare
- All employees enrolled with UHC will have the opportunity for a free Biometric Screening, which includes:
  - Non-fasting Cholesterol with Glucose,
  - Body Mass Index (BMI), Body Fat and
  - Blood Pressure readings.
- Employees and spouses (if covered under UHC) are eligible for gift card incentives for many things like restaurants, book stores, sporting goods, movies, clothes, of:
  - $75 for completing an online health assessment at www.uhc.com,
  - $25 for participating in online health coaching
  - $75 for participating in telephonic health coaching for weight loss, smoking cessation, etc.
- Much of the responsibility of controlling plan costs rests with each of us as individuals, in determining when, where, and how, we access medical care, and in the lifestyle decisions we make regarding smoking, what and how we eat, exercise and how we control stress. How we address or do not address these issues will have a major impact on plan costs.

Heath Advocate:

The US healthcare system is the best in the world. However, it is becoming more and more complex. That complexity results in millions of lost work hours as individuals take work time to deal with issues like:

- Health Advocate is an information resource that assists you in addressing all of the complexities associated with using the healthcare system.
- Health Advocate is designed to help you best utilize your benefits so that you can receive the best medical care at the lowest cost to you. Health Advocate is not designed to give you medical advice or a diagnosis.
- The goal of Health Advocate is to make you more involved in making the right decisions in your healthcare by helping to answer your questions, and in understanding your conditions and diagnoses.
- You and all members of your extended family (spouse, children, parents, and parents-in-law) are eligible and encouraged to use the Health Advocate service.
- The phone number for Health Advocate is: 1-866-695-8622.
- The first time you call Health Advocate, you will speak with a Personal Health Advocate, who will then become the individual that will personally assist you with your issue and future issues.
- Health Advocate's phone lines are open from 8 a.m. to 7 p.m. Eastern Time, 7:00 a.m. to 6:00 p.m. Central Time, Monday through Friday. If you call after hours and during weekends, leave a message and the on-call Personal Health Advocate will return your call promptly.
- Health Advocate does not replace the UHC Care 24 or 24/7 Nurseline. These are still available and should be utilized. In case of an emergency, ALWAYS call 911.
- When you receive an Explanation of Benefits (EOB) from UHC or a bill from a provider and need claims assistance, first call UHC's customer service number. If you still have questions or are confused and do not understand what you were told, that is when Health Advocate works to help you in understanding or explaining your benefits and help to correct issues.

Health Advocate Benefits and Services

Personal Health Advocate (PHA)	Clinical Services	Administrative Services	Health Coaching	Information & Support Services
❖ Registered Nurse ❖ Member speaks with same PHA ❖ Medical Director Support ❖ Ensures privacy and confidentiality	❖ Find the **BEST** doctors and hospitals ❖ Assist with complex medical conditions Locate and research treatments for a medical condition ❖ Secure second opinions ❖ Schedule appointments with hard to reach specialists ❖ Identify renowned "best in class" medical institutions	❖ Resolve insurance claims ❖ Save money on healthcare bills ❖ Navigate within an insurance company ❖ Assist with correcting billing mistakes	❖ Help prepare patients for healthcare appointments ❖ Answer questions and provide info. ❖ Help members better understand their conditions ❖ Help members become active participants in their healthcare decisions	❖ Assist with eldercare issues ❖ Obtain health information to help make informed decisions. ❖ Help members complete qualification applications ❖ Identify and coordinate/arrange for wellness services ❖ Help make arrangements for members' special service needs ❖ Help arrange transportation

Voluntary Term Life Insurance: Supplemental Life Insurance Coverage through Reliance

- If you wish to increase your amount, and you are not already at the plan maximum, or you wish to enroll for the first time after previously having declined coverage, you must complete Medical Evidence of Insurability forms.
- If you have a Qualifying Event or Life Status Change, you may be able to increase the amounts of a spouse, child(ren) or your own without Medical Evidence of Insurability if you do so within 31-days of the event.

Dependent Care Spending Account: AmeriComp Benefits is the Administrator

- You can set aside up to $5,000 annually on a pre-tax basis to pay for dependent child daycare expenses.

Paulding County Government Employees' Pension Plan:

- Employer Paid Defined Benefit Plan through GEBCorp
- All full-time employees provided in the Plan become participants on the January 1st following 3 years of service.
- You will have a vested benefit after five (5) years of service.
- Your normal retirement date is the date on which you are eligible to retire and receive your full benefit as provided by the Plan. This is the later of age sixty-five (65) or three (3) years of plan participation.

County-matched 457 Deferred Compensation Program as well as a Roth IRA: Available through VALIC

- 457 Deferred Compensation Plan with an Employer 401(a) Match
  - Formula: 50% employer match of employee contributions on the first 4.00% of base pay employee contributions

IBM Southeast Credit Union:

Specializes in serving government employees and offers convenient banking services through payroll deductions.

Discount Program:

Paulding County Employees receive discounts on a variety of tickets and services around Paulding County and the greater Atlanta area, i.e. discount tickets to MnM Movies in Hiram, Atlanta Braves, Georgia Aquarium, Sears, Six Flags, White Water, Sun Valley Beach, Biltmore Estates and a variety of discounts from local businesses, restaurants and gyms.

NOTE: This information is an overview of the benefits offerings by the Paulding County Board of Commissioners. For a comprehensive listing of services, limitations, exclusions and a description of all the terms and conditions of coverage, please contact the Paulding County BOC Human Resources Department to review policies, certificates of coverage and plan documents.