

Paulding County Board of Commissioners  
2020 Benefits Enrollment Guide





Welcome to your 2020 Benefits Enrollment Guide. This guide is your summary of the benefit options that are available to eligible employees of the Paulding County Board of Commissioners. Each benefit is designed to protect your health and well-being as well as provide valuable financial protection.

Each section of the Benefits Enrollment Guide is structured to provide you with plan highlights as well as detailed, descriptive instructions to assist you in navigating through the web-based enrollment portal.

While the Benefits Enrollment Guide is an important component in the benefit communication process, your dedicated NFP service team will continue to provide annual enrollment meetings in addition to being available for questions and concerns regarding benefits throughout the plan year.

Please review the plans contained in the Benefits Enrollment Guide and see how these plans can work for you and your eligible dependents. Your participation in the plans is voluntary. The benefit plans have been chosen to provide a continuation of protection that complements Paulding County Board of Commissioners policies.

The plan year is in effect from July 1, 2020 to April 30, 2021 (with the exception of Flexible Spending which runs May 1, 2020 to April 30, 2021).

This Benefits Enrollment Guide is intended for orientation purposes only. It is an abbreviated overview of the plan documents. Please refer to the Certificate Booklet (the contract) available from the plan carriers for complete details. Your Certificate Booklet will provide detailed information regarding copayments, coinsurance, deductibles, exclusions and other benefits. The certificate booklet will govern should a conflict arise relating to the information contained in this summary. This summary does not establish eligibility to participate in or receive benefits from any benefit plan.

**NOTICE:** If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.

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This guide describes the benefit plans available to you as an eligible employee of Bartow County Schools. The details of these plans are contained in the official Plan Documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Descriptions (SPD) (as described by the Employee Retirement Income Security Act).

If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the Plan Documents, the formal wording in the Plan Documents will govern.

Please note the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of Paulding County Board of Commissioners and NFP.

Paulding County Board of Commissioners has named NFP as their new benefits broker. NFP is an insurance industry leader with more than 5,000 employees and 250+ offices across the United States. As one of the largest benefits brokers in the nation, NFP provides their clients with best-in-class products and services. NFP will be combining all benefit coverages under one online enrollment platform and will offer Paulding County Board of Commissioners their own online Benefits Resource Center. You will see through this process that some options that were offered in the past are no longer offered but you will be able to continue a payroll deduction for these coverages.

Below is a brief description of each benefit coverage that is being offered:

- **Medical:** The medical coverage will continue to be offered through Anthem/BCBS with the three previously offered plan options. The out-of-pocket maximums on both the HRA Option 2 and the POS plans did increase.
- **Dental:** Your dental coverage will now be offered through Anthem/BCBS with no change to plan design.
- **Vision:** The vision plan has been moved to Anthem/BCBS with the same plan design and a slight reduction in cost.
- **Basic Life:** The basic life coverage will now be administered by Anthem Life with benefit amounts remaining the same.
- **Voluntary Life:** The voluntary life for you and your dependents will be offered through Anthem Life. If you previously enrolled in coverage, you may increase coverage by one increment (not to exceed the guarantee issue amount), for you and your spouse, without answering medical questions. Any new enrollment in coverage, increase of more than one increment, or increase over the Guaranteed Issue amount will require health questions to be answered.
- **Short Term and Long Term Disability:** Your group short term and long term disability will be offered through Anthem Life. Paulding County Board of Commissioners will continue to provide you with these benefits at no cost to you.
- **Medical / Dependent Care FSA:** Your FSA benefits will continue to be offered through Medcom. Please note that your FSA benefit plan year is 5/1/2020 – 04/30/2021. Employees were given the opportunity to enroll in April. Unless you have experienced a qualifying life event, you may not enroll in this benefit until next open enrollment.
- **Health Advocate:** This benefit will continue to be provided to you at no cost by Paulding County Board of Commissioners.
- **Employee Assistance Program (EAP):** This benefit, now known as Resource Advisor, is provided to all benefit eligible employees, by Paulding County Board of Commissioners, at no cost.

NFP provides the Paulding County Board of Commissioners Employees a Benefit Resource Center website that gives you easy access to all the plan details needed to make decisions on your benefit elections. The Benefit Resource Center contains important documents such as, plan summaries, enrollment guide, claim forms, contacts, access to the bswift enrollment portal, and important links.

Please visit the Benefit Resource Center site at [www.nfpsebenefits.net/pauldingcounty](http://www.nfpsebenefits.net/pauldingcounty) to view important benefit information. If you need assistance or have questions, please contact the NFP service center at **678-535-6351**.



## Benefit Resource Center



Welcome to your Benefit Resource Center – the source of information about your benefit options.

## Before You Enroll – Things to Know

You are **REQUIRED** to **provide the following information or documentation** for all dependents and beneficiaries:

- Name
- Date of birth
- Social Security number

**Annual Enrollment period is Tuesday, May 26, 2020 through Monday June 8, 2020.**

### HOW TO ENROLL

Go to [www.paulding.bswift.com](http://www.paulding.bswift.com).

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

At the enrollment website enter your Username and Password.

- Username is the first letter of your first name, your last name, and last 4 digits of your Social Security number (ex. jdoe4567).
- Password is the last 4 digits of your Social Security number (ex. 4567).

You will then be prompted to create a permanent password.



Log In

Username

Password

[Forgot Password?](#)



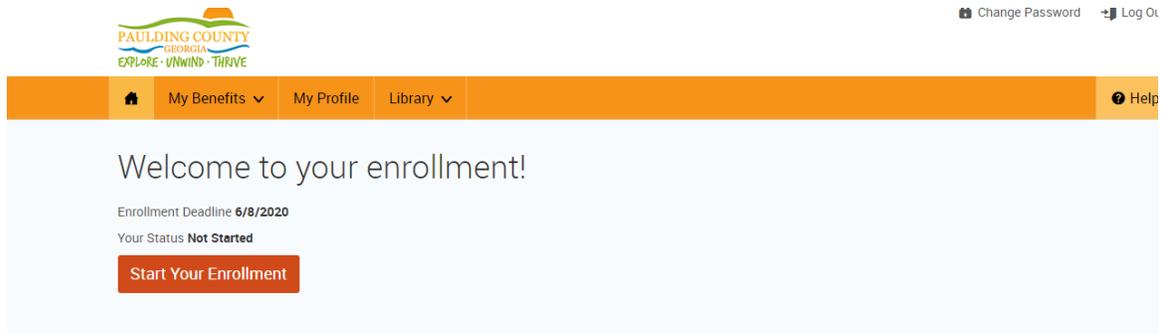
Please contact NFP at 678-535-6351 to speak with a benefit consultant if you need assistance with your enrollment.

**Open Enrollment is your opportunity to make changes to plans, tiers, coverage amounts, etc. Unless you experience a qualifying life event, you will be unable to make changes until open enrollment next year.**

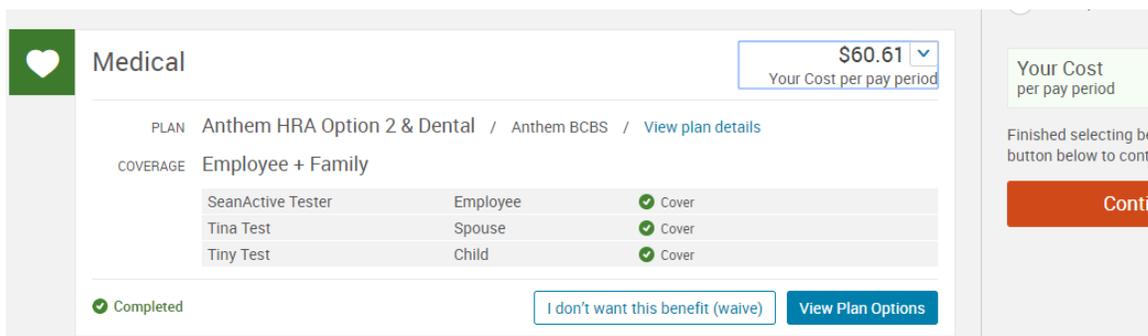
## How To Enroll

To Begin:

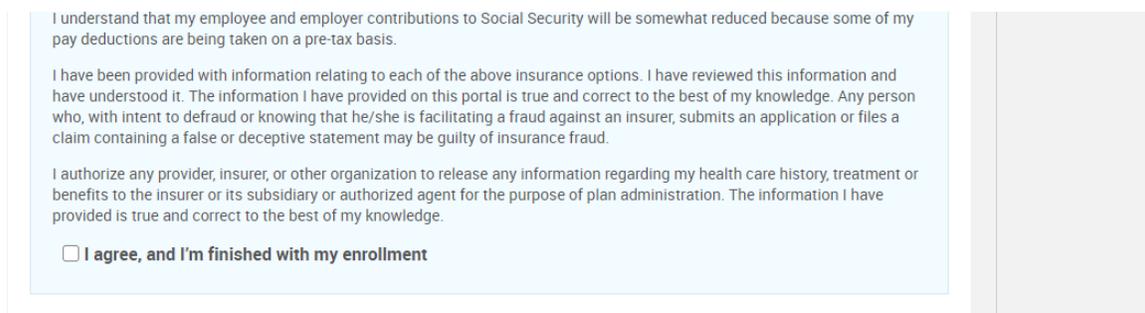
- 1) From the “Home Page” click on the “Start Your Enrollment” button, to begin the election process.
- 2) You will be asked to verify your demographic information, and then you will be asked to verify your dependent information. If you wish to add dependents to coverage, please add them on the Family Information page.



- 3) Under the benefit selection section, you are able to View Plan Options, choose the dependents you wish to cover, compare plans and make a plan selection. If you wish to waive coverage, simply click the “I don’t want this benefit (waive)” button.
- 4) Select your beneficiaries for Basic Life and Voluntary Life (if applicable).



- 5) Once you have reviewed and completed your enrollment, click on “I Agree and I am finished with my enrollment”, then click on “Save My Enrollment”.



- 6) You will now be taken to the enrollment complete page where you can either view, print or email your confirmation statement.

Note: The enrollment images within this guide are for illustrative purposes only.

## Medical – Anthem BCBS

Paulding County Board of Commissioners Medical Plans will remain with Anthem for the 2020-2021 plan year. The chart below includes the most utilized coverages. To locate a participating provider, go to [www.anthem.com/find-care](http://www.anthem.com/find-care).

Benefit	Anthem HRA 2	Anthem HRA 1	Anthem POS
Deductible	\$3,000 Individual \$6,000 Family	\$2,000 Individual \$4,000 Family	\$1,500 Individual \$3,000 Family
Coinsurance	90% plan/10%member	90% plan/10% member	80% plan/20% member
Maximum Annual Out of Pocket Limit	\$7,000 Individual \$14,000 Family	\$5,000 Individual \$10,000 Family	\$4,000 Individual \$8,000 Family
Routine Preventative Care	Member pays 0%	Member pays 0%	Member pays 0%
Office Visits (PCP/Specialist)	Member pays 10% after deductible	Member pays 10% after deductible	\$25 / \$50 copay
Maternity Physician Services	Member pays 10% after deductible	Member pays 10% after deductible	Member pays 20% after deductible
Physical, Occupational, and Speech Therapy – 20 limit per year Chiropractic Care – 20 limit per year	Member pays 10% after deductible	Member pays 10% after deductible	\$25 copay
Diagnostic, Imaging (MRI, MRA, CT and PET Scans)	Member pays 10% after deductible	Member pays 10% after deductible	Member pays 20% after deductible
Urgent Care Center	Member pays 10% after deductible	Member pays 10% after deductible	\$75 copay
Emergency Room	Member pays 10% after deductible	Member pays 10% after deductible	\$300 copay
Hospital/Inpatient Facility Services	Member pays 10% after deductible	Member pays 10% after deductible	Member pays 20% after deductible
Outpatient Surgery at Hospital or Free Standing Facility	Member pays 10% after deductible	Member pays 10% after deductible	Member pays 20% after deductible
Durable Medical Equipment	Member pays 10% after deductible	Member pays 10% after deductible	Member pays 20% after deductible
Prescription Drugs			
Tier 1 Retail/ Preferred Generic	\$15 copay	\$15 copay	\$15 copay
Tier 2 Retail/ Preferred Brand	\$40 copay	\$40 copay	\$40 copay
Tier 3 Retail/ Non Preferred	\$60 copay	\$60 copay	\$60 copay
Tier 4 Retail/ Specialty	\$20% to \$150	\$20% to \$150	20% to \$150

## Health Reimbursement Arrangement - Anthem

If you choose to enroll in the Anthem HRA Option 2 or Anthem HRA Option 1 plan, then you will be able to have some of your deductible expenses funded by Paulding County Board of Commissioners, as described below:

You have a first dollar Health Reimbursement Account (HRA) and receive funds based on the following plan entry dates.	
1/1 to 3/31	\$1,000 for individual or \$2,000 for family
4/1 to 6/30	\$750 for individual or \$1,500 for family
7/1 to 9/30	\$500 for individual or \$1,000 for family
10/1 to 12/31	\$250 for individual or \$500 for family

### Mechanics of the HRA

1. First, Anthem will process the medical claim according to the medical benefit plan – to determine whether or not the claim is covered.
2. Then, if you have funds in your Health Reimbursement Account (HRA) to cover your portion of the expense:
  - For In Network providers: Anthem will pay your portion directly to your In Network provider,
  - For Out of Network providers: Anthem will send your portion to you, and you will make payment to the Out of Network provider.

Once the claim is processed by Anthem, you will receive an explanation of benefits (EOB) for the HRA with your balance. You may also check your balance by logging in at [www.anthem.com](http://www.anthem.com) or by calling Anthem customer service at 1-855-889-5682 (the number on your ID card).

Note: If the claim is In Network and due to preventive/wellness Anthem pays the provider directly for the covered service portion of the claim and does not reduce the HRA balance.

3. If there are not sufficient funds in the HRA, you may be billed by your provider.
4. If provider asks you to pay for services before the claim is submitted, ask them to please file the claim as normal with Anthem. It is important that Anthem follows the 3 steps above.

If you do make a payment to your provider at the time of service and your HRA has funds, you will need to contact your provider to be reimbursed once the claim is processed.

**For medical claims** (prescription drug claims are handled outside of the HRA), the HRA will pay your portion of the expense from your Health Reimbursement Account:

- directly to In Network providers, and
- to you for Out of Network providers.

If you visit a provider and do not authorize the provider to submit claims on your behalf, you will need to submit the claim to the claim address on the back of your ID card.

## Preventive Care Coverage

Getting regular checkups and exams can help you stay well and catch problems early. It may even save your life.

Our health plans offer the services listed in this preventive care flier at no cost to you<sup>1</sup>. When you get these services from doctors in your plan's network, you don't have to pay anything out of your own pocket. You may have to pay part of the costs if you use a doctor outside the network.

### Preventive vs. Diagnostic Care

What's the difference? Preventive care helps protect you from getting sick. Diagnostic care is used to find the cause of existing illnesses. For example, let's say your doctor suggests you have a colonoscopy because of your age when you have no symptoms. That's preventive care. On the other hand, if you have symptoms and your doctor suggests a colonoscopy to see what's causing them, that's diagnostic care.

### Child Preventive Care

#### *Preventive physical exams*

#### *Screening tests:*

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and body mass index (BMI)
- Hemoglobin or hematocrit (blood count)
- HPV screening (female)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Counseling for those ages 10–24, with fair skin, about ways to lower their risk for skin cancer

- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening<sup>2</sup> when done as part of a preventive care visit

#### *Immunizations:*

- Diphtheria, tetanus and pertussis (whooping cough)
- Haemophilus influenzae type b (Hib)
- Hepatitis A and Hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Polio
- Rotavirus
- Varicella (chickenpox)

**The preventive care services listed are recommendations as a result of the Affordable Care Act (ACA, or health care reform law). The services listed may not be right for every person. Ask your doctor what's right for you, based on your age and health condition(s).**

*This sheet is not a contract or policy with Anthem. If there is any difference between this sheet and the group policy, the provisions of the group policy will govern. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for Exclusions and Limitations.*

### Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and, including genetic testing for BRCA 1 and BRCA 2 when certain criteria are met<sup>3</sup>
- Breast-feeding: primary care intervention to promote breast-feeding support, supplies and counseling (female)<sup>4,5</sup>
- Contraceptive (birth control) counseling
- FDA-approved contraceptive medical services provided by a doctor, including sterilization
- Counseling related to chemoprevention for women with a high risk of breast cancer
- Counseling related to genetic testing for women with a family history of ovarian or breast cancer
- HPV screening<sup>5</sup>
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings: includes, but is not limited to, gestational diabetes, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV<sup>5</sup>
- Pelvic exam and Pap test, including screening for cervical cancer

### Adult preventive care

#### *Preventive physical exams*

#### *Screening tests:*

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis

- Cholesterol and lipid (fat) level
- Depression screening
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit and CT colonography (as appropriate)
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening
- Eye chart test for vision<sup>2</sup>
- Hearing screening
- Height, weight and BMI
- HIV screening and counseling
- Lung cancer screening for those ages 55-80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years<sup>6</sup>
- Obesity: related screening and counseling
- Prostate cancer, including digital rectal exam and PSA test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Violence, interpersonal and domestic: related screening and counseling

#### *Immunizations:*

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and Hepatitis B
- HPV
- Influenza (flu)
- Meningococcal (meningitis)
- Measles, mumps and rubella (MMR)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles) for those 60 years and older

### ***A word about pharmacy items:***

For 100% coverage of over-the-counter (OTC) drugs and other pharmacy items listed below, the person receiving the item(s) must meet the age and other specified criteria. You need to work with your in-network doctor or other health care provider to get a prescription for the item(s) and take the prescription to an in-network pharmacy. Even if the item(s) do not “need” a prescription to purchase them, if you want the item(s) covered at 100%, you have to have the prescription.

### **Child preventive drugs and other pharmacy items — age appropriate:**

- Dental fluoride varnish to prevent tooth decay of primary teeth for children from birth to 5 years old
- Fluoride supplements for children from birth through 6 years old
- Iron supplements for children 6-12 months

### **Adult preventive drugs and other pharmacy items — age appropriate:**

- Aspirin use for the prevention of cardiovascular disease including aspirin for men ages 45-79 and women ages 55-79
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Tobacco cessation products including select generic prescription drugs, select brand-name drugs with no generic alternative, and FDA-approved over-the-counter products, for those 18 and older
- Vitamin D for men and women over 65

### **Women’s preventive drugs and other pharmacy items — age appropriate:**

- Contraceptives including generic prescription drugs, brand-name drugs with no generic alternative, and over-the-counter items like female condoms or spermicides<sup>5,7</sup>
- Low dose aspirin (81 mg) for pregnant women who are at increased risk of preeclampsia
- Folic acid for women 55 years old or younger
- Breast cancer risk-reducing medications following the U.S. Preventive Services Task Force criteria (such as tamoxifen and raloxifene)<sup>6</sup>

1. The range of preventive care services covered at no cost share when provided in-network are designed to meet the requirements of federal and state law. The Department of Health and Human Services has defined the preventive services to be covered under federal law with no cost share as those services described in the U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by the Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your Certificate of Coverage or call the Customer Service number on your ID card.
2. Some plans cover additional vision services. Please see your contract or Certificate of Coverage for details.
3. Check your medical policy for details.
4. Breast pumps and supplies must be purchased from an in-network medical provider for 100% coverage; we recommend using an in-network durable medical equipment (DME) supplier.
5. This benefit also applies to those younger than 19.
6. You may be required to get prior authorization for these services.
7. A cost share may apply for other prescription contraceptives, based on your drug benefits

## With LiveHealth Online, getting online care is easy.

Your visits to the doctor are about to get a whole lot easier. With LiveHealth Online, you'll be able to talk to a doctor right away, from the comfort of your home or office. And all you'll need is an Internet connection and a web cam.

### How LiveHealth Online works

With LiveHealth Online, the doctor will always come to your home or office right away. All you have to do is register at LiveHealthOnline.com and you're ready to go. There is no cost to sign up.

#### Set up your LiveHealth Online Account.

This lets you to fill out a health summary that the doctor can review each time you request a visit. This health summary is confidentially stored in your account and is available for future visits. All you have to do is:

1. Go to LiveHealthOnline.com and click the "Enroll First" link. Be sure to enter your Anthem insurance information since a LiveHealth Online visit is a covered benefit.
2. Answer a brief set of questions to create your profile. Choose a secure password so you can get to LiveHealth Online from any computer.
3. You are ready choose a physician and start your consultation.



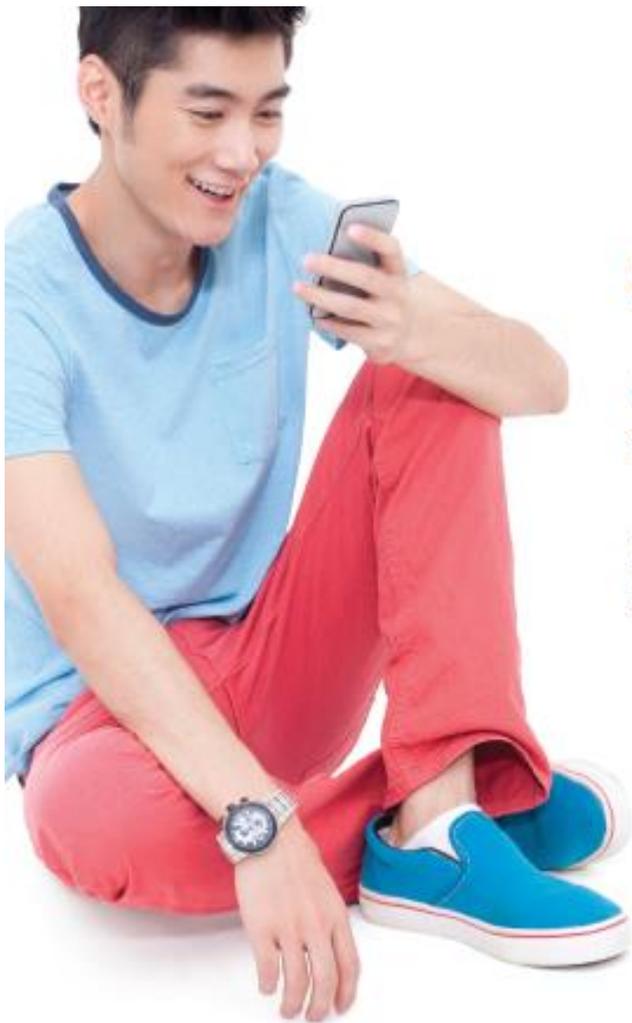
If you are ready to use this now and you have set up your account, just follow these simple steps:

1. Click the green "Sign In" button and connect to a doctor. LiveHealth Online may be a covered health benefit and would cost the same as a network doctor office visit. Check your plan details or call member services at the number on your ID card for more information.
2. Answer a few questions before you see the doctor.
3. You can log back into LiveHealth Online at anytime to review your online visit once your conversation is complete.

#### When can you use LiveHealth Online?

As always, you should call 911 with any emergency. Otherwise, you can use LiveHealth Online whenever you have a health concern and don't want to wait. Some of the most common uses we see include:

- o Cold and flu symptoms such as a cough, fever and headaches
- o Allergies
- o Sinus infections
- o Family health questions



# Say hi to Sydney

Anthem's new app is simple, smart — and all about you

With Sydney, you can find everything you need to know about your Anthem benefits – personalized and all in one place. Sydney makes it easier to get things done, so you can spend more time focused on your health.

**Get started with Sydney**  
Download the app today!



## Simple

Ready for you to use quickly, easily, seamlessly — with one-click access to benefits info, Member Services, wellness resources and more.

### With just one click, you can:

- Find care and check costs
- Check all benefits
- See claims

## Smart

Sydney acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly.

- Get answers even faster with our chatbot
- View and use digital ID cards

## Personal

Get alerts, reminders and tips directly from Sydney. Get doctor suggestions based on your needs. The more you use it, the more Sydney can help you stay healthy and save money.

### Already using one of our apps?

It's easy to make the switch. Simply download the Sydney app and log in with your Anthem username and password.

Health Advocate is provided to you, at no cost, by Paulding County Board of Commissioners.

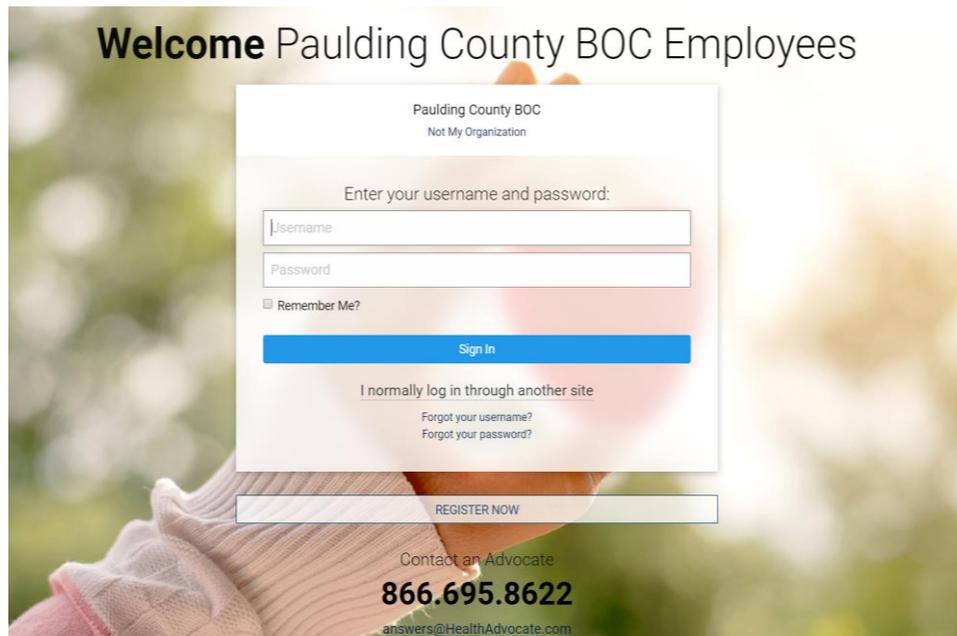
Call Health Advocate at 866-695-8622 if you have any of these needs:

- Help understanding your Medical/Rx plan options
- Help finding an In-Network doctor, specialist, dentist, or vision provider
- Questions about a health condition
- Help with eldercare issues for a parent or parent-in-law such Medicare or healthcare-related issues
- Help transferring medical records
- Help with a billing or claims payment issue
- Questions about a medical test or recommended treatments

Visit Health Advocate at [www.HealthAdvocate.com/Paulding](http://www.HealthAdvocate.com/Paulding) to:

- Learn about services Health Advocate can provide
- Watch a video about your Health Advocate benefit
- Print the HIPAA Authorization form that allows Health Advocate to work on your behalf with providers and insurance companies

\* Register for the site by clicking “Register” and then entering your first name, last name, date of birth and home zip code.



**Medical Bill Saver** is a money-saving benefit from Health Advocate.

- Medical Bill Saver will work with your providers to lower the balance on any uncovered medical or dental bill of \$400 or more.
  - Works with doctors/other providers on your behalf
  - Has high success rates with significant savings
  - Can lower out-of-pocket costs
  - Helps you become a more savvy healthcare consumer
  - Negotiate a payment plan with your provider
- Medical Bill Saver will provide you with a personal Savings Result Statement
- You, your spouse, dependent children, parents, and parents-in-law can all use the service.
- To access Medical Bill Saver, simply call Health Advocate at 866-695-8622

**MedChoice Support** is an online, self-directed, resource that provides you access to independently developed and widely accepted medical information to help you share in the decision-making process with your healthcare provider. Over 150 topics are currently available, examples include:

- Heart Disease – should I have an angiogram?
- When should I start having mammograms?
- Should I have knee replacement surgery?
- Should my child be treated for fluid buildup in the middle ear?
- Should my child take medicine for ADHD?
- Breast Cancer – should I have chemotherapy for early-stage breast cancer?
- Access MedChoice Support by visiting [www.HealthAdvocate.com/Paulding](http://www.HealthAdvocate.com/Paulding)

Reminder: Log on today!

## One-touch access to healthcare and insurance help

**Free • Convenient • On-the-Go Help**

The Health Advocate app makes it easy to get in touch with a Personal Health Advocate and get help handling a wide variety of healthcare and insurance issues.

- Get personalized help improving your health and saving on healthcare costs
- Instantly upload relevant documents and forms
- View tips on important consumer topics like ways to save money on your healthcare expenses or how to make the most of your medical visits
- Access trusted information on virtually any health topic like weight loss, pregnancy, first aid, chronic conditions and much more
- Get 24/7 live support from your Personal Health Advocate, who is standing by to answer your questions or help you with any of your healthcare- and insurance-related issues



**How to Download our FREE Mobile App**

 **Available on the App Store**

(for iPhone and iPad):

1. Tap the AppStore icon on the home screen.
2. Tap the magnifier search icon at the bottom of the screen, and type "Health Advocate" in the search bar.
3. Tap INSTALL.

 **GET IT ON Google Play**

(for Android):

1. Tap the Google Play icon on the home screen.
2. Tap the magnifier search icon in the top right corner, and type "Health Advocate" in the search bar.
3. Tap INSTALL.

**Once you've downloaded the app, be sure to register!**

- Tap the Health Advocate app icon on your phone to open the app
- Tap the **Member Login** button
- Type the **name of your organization**, select it from the drop-down box, and click "Continue"

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Turn to us—we can help.



Email: [csmembers@HealthAdvocate.com](mailto:csmembers@HealthAdvocate.com)  
Web: [HealthAdvocate.com/](http://HealthAdvocate.com/)

**HealthAdvocate**

## Dental Plan Options -Anthem

The Paulding County Board of Commissioners is pleased to announce Dental coverage for the 2020-2021 plan year will be moving to Anthem. Keep in mind that you will pay less if you use an in-network dentist. For full details on your benefits refer to the Summary Plan Description. To locate participating providers go to [www.anthem.com/find-care](http://www.anthem.com/find-care). Select dental and then network provider. Your network is **Dental Complete**.

Benefit	In-Network (PPO)
Annual Deductible: Applies to Type B and C Services	\$50 per Individual/ \$150 per Family
Type A : Preventive Services Cleaning; Once every 6 months	100% No Deductible
Type B: Basic Services / Restorative Benefits	80% Subject to Deductible
Type C: Major Services: Crowns & Cast / Bridges/ Dentures/ Surgical Extractions	60% Subject to Deductible
Type D: Orthodontia – Child Only to Age 19	60% Lifetime max: \$1,000
Maximum Benefit per Enrollee	\$1,000
Out of Network	90 <sup>th</sup> UCR

Dependent Children can be covered to age 26.

Coverage Tier	Per Pay Period Deductions		
	Anthem BCBS HRA Option 2 (includes enrollment in Anthem Dental Plan)	Anthem BCBS HRA Option 1 (includes enrollment in Anthem Dental Plan )	Anthem BCBS POS (includes enrollment in Anthem Dental Plan)
Employee	\$0.00	\$10.00	\$50.00
Employee + Family	\$60.34	\$85.34	\$150.34

Employees enrolled in family coverage for medical and dental also receive a Basic Dependent Life policy in the amount of \$5,000 for spouses and \$2,500 for each eligible child. Cost of coverage is included in the deduction above.

*Refer to your Summary Plan Description and Policy Certificate for full details on the plan*

## Vision Plan – Anthem

Paulding County Board of Commissioners Vision Coverage will now be administered by Anthem for the 2020 plan year. Keep in mind that you will pay less if you use an in-network provider. For full details on your benefits refer to the Summary Plan Description. To locate a participating provider visit [www.anthem.com](http://www.anthem.com), look for the **Blue View Network**.

Benefits	In-Network	Out-of-Network (Reimbursement)	Frequency
Vision Exam	\$10 Copay	Up to \$50	Once every calendar year
Contact Lenses* Conventional / Disposable Medical Necessary	\$130 Allowance Covered in Full	Up to \$105 Up to \$210	Once every calendar year
Standard Plastic or Glass Lenses Single Bifocal Trifocal	\$25 Copay \$25 Copay \$25 Copay	Up to \$48 Up to \$67 Up to \$86	Once every calendar year
Frames	\$0 Copay Up to \$130 retail allowance	Up to \$48	Once every other calendar year
LASIK Discount	Save \$800 on LASIK when you choose any Premier LASIK Network provider. Save 15% when you choose any other in-network provider.	N/A	Once per lifetime

**\*Note:** The plan covers either contact lenses or lenses for your glasses once every 12 months. The discounts available on the balance for lenses and frames may not apply at certain locations, please see summary plan description for further details.

Per Pay Period Deductions	
Tier	Cost
Employee	\$3.20
Family	\$6.87



Refer to your Summary Plan Description and Policy Certificate for full details on the plan.

Term Life Insurance provides valuable financial protection for your family. Paulding County Board of Commissioners is pleased to provide Basic Life and AD&D Insurance at no cost to you. Enrollment is automatic, but you must select beneficiaries.

**The amount of coverage for Elected Officials:** \$50,000

**The amount of coverage for active employees:** 1 x Annual Salary to a maximum of \$100,000

**Additional Service and Features are available with your coverage:** (full description of these services and features are listed on the Benefit Resource Center).

**Grief Counseling:** To help you, your dependents, and your beneficiaries cope with loss. You can access these services by calling 1-888-209-7840 or visit [www.ResourceAdvisor.Anthem.com](http://www.ResourceAdvisor.Anthem.com).

**Beneficiary Companion Service:** Assists beneficiaries with close out accounts and settle important estate matters.

**Travel Assistance:** Provides you support while traveling, including: emergency medical services, language assistance, legal assistance and much more.

**Financial Planning:** You can call to set up one-on-one financial counseling with a certified professional financial planner. They can help with issues like retirement planning, saving for a child's education, and more.

**Legal Services:** You can get a consultation with an attorney over the phone at no charge. If you want to meet with an attorney in person, the legal consultant can set up an appointment at a discounted fee.

**Identity Theft Recovery and Monitoring:** Resource Advisor has fraud resolution specialists who can help if your identity is stolen. They can work with creditors, collection agencies, law firms and credit reporting agencies for you for up to one year. You can sign up for ID monitoring, get credit report reviews and place fraud alerts on credit reports no matter how many times your identity is compromised.

**Online Tools To Help With Life Issues:** The Resource Advisor website has tools to help with many of life's challenges, such as creating a will, parenting, aging, healthy living, household support, referrals, funeral planning and more.

**Waiver of Premium:** If you become totally disabled you may be eligible for waiver of your basic and supplemental term life premium.

**Conversion or Portability:** If you leave your employer you have the option of carrying your coverage with you. You must apply and pay the premium within 31 days of the termination of your life insurance. Portability applies to Voluntary Term Life Insurance only.

**Accelerated Death Benefit:** If you are diagnosed as terminally ill (life expectancy of 12 months or less) you may elect to receive an accelerated payment of a portion of the group term life insurance benefit. The benefit is equal to 75% of the member's group term life insurance amount, subject to a maximum of \$250,000.

*Refer to your Summary Plan Description and Policy Certificate for full details on the plan.*

## Voluntary Life and AD&D

Paulding County Board of Commissioners offers Voluntary Life Coverage for employees and their dependents through Anthem Life.

This additional life insurance is available for you, your spouse and your children. This coverage can provide financial protection for you and your family. Details of the available coverage are listed in the chart below.

**Employees with Current Coverage** can increase coverage on themselves and their spouse by one increment (employees increment \$25,000 and spouse increment \$12,500), not to exceed the Guaranteed Issue Amount, without health questions. If you are increasing by more than one increment, you will be subject to health questions and will need to fill out an Evidence of Insurability (EOI) form that is satisfactory to the insurance carrier before the coverage can become effective.

**Late Entrants:** If you do not elect coverage when initially eligible and later elect coverage, you will be considered a late entrant. Late entrants will be required to complete an Evidence of Insurability (EOI) form that is satisfactory to the insurance carrier before the coverage can become effective. Additionally, coverage amounts elected over the Guarantee Issue Amounts will require EOI that is satisfactory to the insurance carrier before the excess can become effective.

Benefit	Coverage
Employee Voluntary Life	<p>You can purchase coverage in increments of \$25,000 increments up to the lesser of \$500,000 or 7 times your annual salary. You must elect at coverage on yourself to be eligible for coverage on your spouse and/or children.</p> <p>New Hires: Newly eligible employees are able to elect up to \$250,000 or 7 times your annual salary with no health questions asked. Elections above these amounts will require evidence of insurability.</p>
Spouse Voluntary Life	<p>You can purchase coverage in increments of \$12,500 to a maximum of \$250,000, not to exceed 100% of the employee voluntary life amount.</p> <p>New Hires: Newly eligible employees are able to elect coverage on their spouse up to \$62,500 with no health questions asked . Elections above these amounts will require evidence of insurability.</p>
Child(ren) Voluntary Life	<p>You can purchase coverage of \$10,000 for eligible child(ren). Child(ren) are covered from the age of 15 days to age 26.</p>

*Refer to your Summary Plan Description and Policy Certificate for full details on the plan.*

## Voluntary Life

Monthly Rate per \$1,000		
Age	EE Rate	Spouse Rate
<20	\$0.060	\$0.060
20-24	\$0.060	\$0.060
25-29	\$0.060	\$0.060
30-34	\$0.070	\$0.070
35-39	\$0.090	\$0.090
40-44	\$0.160	\$0.160
45-49	\$0.300	\$0.300
50-54	\$0.460	\$0.460
55-59	\$0.770	\$0.770
60-64	\$1.090	\$1.090
65-69	\$2.090	\$2.090
70 +	\$2.820	\$2.820

Spouse rate is based on spouse age.

Child Life monthly cost is \$1.60 for \$10,000 coverage and covers all children under the age of 26.

**Reduction of Coverage:** The Voluntary Life benefits will reduce for employees and their spouses when they have attained a certain age as outlined in the below table. Coverage terminates at retirement.

Percentage Reduced To	Age
65%	65
40%	70
20%	75



*Refer to your Summary Plan Description and Policy Certificate for full details on the plan.*

## Short Term Disability – Anthem

Paulding County Board of Commissioners provides each full-time, benefits eligible, employee with Short Term Disability through Anthem.

Short Term Disability is an insurance program that provides you with weekly income if you are unable to work or have a reduced income due to an illness or injury unrelated to your occupation.

Benefit	Coverage
Percentage of Income	60%
Maximum Weekly Benefit	\$830
Elimination Period	14 days – Accident/Sickness
Maximum Benefit Duration	24 weeks
Pre-Existing Conditions	None

**Elimination Period:** The elimination period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.

**Limitations:** Mental/Nervous Illness is limited to a benefit period of 24 months.

**Exclusions:** Benefits will not be payable for any disability caused by an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; injury occurring out of or in the course of work for wage or profit. For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

**Deductible Sources of Income:** Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as: sick pay; benefits under worker's compensation; disability benefits from any other group insurance or under your employer's retirement plan; benefits under any state disability income benefit law; earnings from work activity while you are disabled, amounts due from third party because of your disability, whether by judgment, settlement or other method.

*You must be under the regular care of a physician in order to be considered disabled.  
Refer to your Summary Plan Description and Policy Certificate for full details on the plan.*

## Long Term Disability - Anthem

Paulding County Board of Commissioners provides all full-time, benefits eligible, employees with Long Term Disability Coverage through Anthem.

Long Term Disability is an insurance program that provides you with monthly income if you are unable to work or have a reduced income due to an illness or injury unrelated to your occupation.

Benefit	Coverage
Percentage of Income	60%
Maximum Monthly Benefit	\$6,000
Elimination Period	180 days
Maximum Benefit Duration	SSNRA
Pre-Existing Conditions	3 / 12

**Pre-Existing Condition Exclusions:** Any sickness or injury for which you received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months (3 months) prior to your coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months (12 months) following the coverage effective date.

**Limitations:** Mental/Nervous Illness is limited to a benefit period of 24 months.

**Exclusions:** Benefits will not be payable for any disability caused by an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; a preexisting condition unless you have been covered under the policy for at least 12 months. For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

**Deductible Sources of Income:** Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as: sick pay; benefits under worker's compensation; social security disability or retirement benefits; disability benefits from any other group insurance or under your employer's retirement plan; benefits under any state disability income benefit law; earnings from work activity while you are disabled, amounts due from third party because of your disability, whether by judgment, settlement or other method.

*You must be under the regular care of a physician in order to be considered disabled.  
Refer to your Summary Plan Description and Policy Certificate for full details on the plan.*

## Flexible Spending Accounts (FSA)

**Medcom FSA increases your take-home pay by reducing your taxable income.** A Flexible Spending Account (FSA) allows you to **save up to 30%** on eligible healthcare and/or dependent care expenses every year by using **pretax dollars**.

Consider how much you spend on healthcare and/or dependent care expenses for you and your qualified dependents in one year:

- Prescription drugs/Medications
- Medical/Dental office visit co-pays
- Eye Exams and prescription glasses/lenses
- Vaccinations
- Daycare tuition

Why not reduce these expenses by using pre-tax dollars instead of after-tax dollars? With rising costs for these items, **every penny counts!**

By using pre-tax dollars, you are taxed on a lower gross salary, thereby saving money that would otherwise be spent on federal, state and FICA taxes, and thereby you **increase your take home pay!** See the example. -->>

### How does FSA work?

Healthcare FSA is offered through your employer and is administered by Medcom. When you choose to enroll in Healthcare FSA and/or Dependent Care FSA, you choose the dollar amount you want to contribute to each account based on your estimated expenses for the upcoming Plan Year. Your Contributions will be deducted in equal amounts from each paycheck, **pre-tax**, throughout the Plan Year. **The more you contribute to these accounts, the more you save by paying less in taxes!**

### Maximum Annual Election

HealthCare: \$2,750

Dependent Day Care \$5,000

### Reimbursements and the FSA debit card:

As you incur eligible expenses, simply use submit a request for reimbursement to Medcom to receive reimbursement from your FSA account, up to the amount of your annual contribution.

For additional convenience, you will be issued a debit card to directly access your FSA funds when paying for eligible medical and/or dependent care expenses at the point of purchase, which eliminates the need for requesting a reimbursement. The annual amount you select will be loaded on the card and made available to you once the first initial deduction has been received. This card can be used toward deductibles, copays, dental, and vision expenses to name a few.

### Carryover

If you are unable to use \$500 or less of your Healthcare FSA, you will be able to carryover this amount to the next year.

Pre-Tax Savings Example	Without FSA	With FSA
Gross Monthly Pay:	\$3,500	\$3,500
Medical Expenses (FSA)	\$0	-\$200
Dependent Care Expenses	\$0	-\$400
TOTAL:	\$0	-\$600
Taxable Monthly Income	\$3,500	\$2,900
Taxes (federal, state, FICA):	-\$968	-\$802
Out-of-pocket Expenses:	-\$600	\$0
Monthly Take-home Pay:	\$1,932	\$2,098
Net Increase in Take-Home Pay = \$166/month For illustration only. Actual dollar amounts may vary.		

## Disclosure Notice – Prescription Drug and Medicare Notice

### Important Notice from the Paulding County Board of Commissioners 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 the Paulding County Board of Commissioners 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. The Paulding County Board of Commissioners has determined that the prescription drug coverage offered by the Humana GA HMO 16 OA Copay OPT 26 Base Plan and the Humana GA NPOS 16 Copay OPT 12 Buy Up Plan 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.

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#### 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 Paulding County Board of Commissioners coverage will not be affected.

If you drop your current prescription drug coverage and enroll in Medicare prescription drug coverage, you may enroll back into the Paulding County Board of Commissioners benefit plan during an open enrollment period under the Paulding County Board of Commissioners benefit plan.

#### 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 the Paulding County Board of Commissioners 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. 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 Paulding County Board of Commissioners 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](http://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](http://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).**

From: October 1, 2020 to September 30, 2021

Name of Entity/Sender: Paulding County Board of Commissioners

Contact Person: Tara Palmer

## Disclosure Notice - CHIP

### 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](http://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](http://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](http://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 July 31, 2021. Contact your State for more information on eligibility .

<b>ALABAMA – Medicaid</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b>	<b>GEORGIA – Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	Website: <a href="http://dch.georgia.gov/medicaid">http://dch.georgia.gov/medicaid</a> Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
<b>ARKANSAS – Medicaid</b>	<b>INDIANA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>IOWA – Medicaid</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="http://Colorado.gov/HCPF/Child-Health-Plan-Plus">Colorado.gov/HCPF/Child-Health-Plan-Plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: <a href="http://dhs.iowa.gov/ime/members/medicaid-a-to-hipp">http://dhs.iowa.gov/ime/members/medicaid-a-to-hipp</a> Phone: 1-888-346-9562
<b>KANSAS – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	Website: <a href="https://www.dhhs.nh.gov/ombp/nhhpp/">https://www.dhhs.nh.gov/ombp/nhhpp/</a> Phone: 603-271-5218 Hotline: NH Medicaid Service Center at 1-888-901-4999
<b>KENTUCKY – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid">http://www.state.nj.us/humanservices/dmahs/clients/medicaid</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710

<b>LOUISIANA – Medicaid</b> Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	<b>NEW YORK – Medicaid</b> Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b> Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	<b>NORTH CAROLINA – Medicaid</b> Website: <a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a> Phone: 919-855-4100
<b>MASSACHUSETTS – Medicaid and CHIP</b> Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	<b>NORTH DAKOTA – Medicaid</b> Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b> Website: <a href="http://mn.gov/dhs/people-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp">http://mn.gov/dhs/people-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</a> Phone: 1-800-657-3739	<b>OKLAHOMA – Medicaid and CHIP</b> Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b> Website: <a href="https://www.dss.mo.gov/mhd/participants/pages/hipp.htm">https://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	<b>OREGON – Medicaid</b> Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b> Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HI PP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HI PP</a> Phone: 1-800-694-3084	<b>PENNSYLVANIA – Medicaid</b> Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthisurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthisurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b> Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	<b>RHODE ISLAND – Medicaid</b> Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347
<b>NEVADA – Medicaid</b> Medicaid Website: <a href="https://dhcfp.nv.gov">https://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900	<b>SOUTH CAROLINA – Medicaid</b> Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>SOUTH DAKOTA - Medicaid</b> Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	<b>WASHINGTON – Medicaid</b> Website: <a href="http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program">http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b> Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	<b>WEST VIRGINIA – Medicaid</b> Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>UTAH – Medicaid and CHIP</b> Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	<b>WISCONSIN – Medicaid and CHIP</b> Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>VERMONT– Medicaid</b> Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	<b>WYOMING – Medicaid</b> Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531
<b>VIRGINIA – Medicaid and CHIP</b> Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	

To see if any more States have added a premium assistance program, or for more information on special enrollment rights, you can contact either:

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

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Ext. 61565

OMB Control Number 1210-0137 (expires 12/31/2020)

Unless otherwise noted, a paper copy is available, free of charge, by calling NFP at 678-535-6351.

### **NOTICE OF YOUR HIPAA 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 towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contribution 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 or your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

### **SECTION 125 PRE-TAX BENEFIT AUTHORIZATION NOTICE:**

Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period. You may only make a change or drop coverage elections before the next open enrollment period under the following circumstances:

A change in marital status, or

A change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or

A change in employment status for myself or my spouse, or

Open enrollment elections for my spouse, or

A change in dependents eligibility, or

A change in residence or worksite.

Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred. All changes are subject to approval by your Employer/Plan.

### **WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 ANNUAL NOTICE:**

The Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breast, prostheses, and complications resulting from a mastectomy, including lymph edema.

### **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 PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION:** This Notice describes how the Plan(s) may use and disclose your protected health information ("PHI") and how you can get access to your information. The privacy of your protected health information that is created, received, used or disclosed by the Plan(s) is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice is available on the web at: [www.paulding.bswift.com](http://www.paulding.bswift.com). A paper copy is also available, free of charge, by calling your Employer or NFP at 678-535-6351. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan."

**GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS:** On April 7, 1986, a federal law was enacted (Public Law 99-272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your Employer you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and your dependents the General Notice Of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The full Notice is available on the web at: [www.paulding.bswift.com](http://www.paulding.bswift.com). A paper copy is also available, free of charge, by calling your Employer or NFP at 678-535-6351. Please note the participant is responsible for providing a copy to their spouse/dependents covered under the group health plan.

**SUMMARY OF BENEFITS AND COVERAGE (SBC):** As an employee, the group health (medical) benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC) which summarizes important information about any health coverage option in a standard format to help you compare across options. The SBC is available on the web at [www.paulding.bswift.com](http://www.paulding.bswift.com). A paper copy is also available, free of charge, by calling your Employer or NFP at 678-535-6351. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan.

**HEALTH INSURANCE MARKETPLACE NOTICE (a.k.a. Exchange Notice):** When key parts of the health care law took effect in 2014, a new way to buy health insurance became available through the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, the Marketplace notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer. This notice is available on the web at [www.paulding.bswift.com](http://www.paulding.bswift.com). A paper copy is also available, free of charge, by calling your Employer.

## Why Would I Contact the NFP Service Center?

**Order ID Cards:** We can contact the insurance carrier directly and have your replacement card in ten to fifteen business days.

**Claim Resolution and Research:** We can help you understand your Explanation of Benefits (EOB) as well as contact the insurance carriers on your behalf. We can assist in appealing a denied claim or help you request a Prior Authorization (PA) from your physician as may be required by your medical carrier. We can also help you file out-of-network claims and assist with reimbursement if you require medical assistance while traveling outside of the United States.

**Locate In-Network Providers:** Staying in network saves everyone money. Our service center can help you locate in-network providers for medical, dental and vision coverage whether you are at home or away.

**Request Copies of Any Necessary Forms:** Medical claim forms, out-of-network claim forms, evidence of insurability forms, short and long term disability claim forms and any other applicable forms are always available if the need should arise.

**Understanding Your Benefits:** We can assist you with questions regarding deductibles, copayments and coinsurance. We can explain waiting periods, elimination periods and eligibility rules.

**Explain Qualifying Events:** Most benefit plans require that you have a Qualifying Event (like marriage, birth of a child or other life event) to make a change in your election anytime other than during open enrollment. We work with your employer to ensure that your change follows the rules of the plan, that your request is allowed within the appropriate timeframes, and that you give proper documentation of the event.

**Annual Enrollment Information:** We can provide details about when open enrollment begins and ends and if your plan designs or payroll deductions are changing.

**Enrollment Assistance:** The service center representative can walk you through every step of the enrollment process. Whether it's an online enrollment or paper enrollment form, your service center representative is available to help.

**Confirmation Statements:** We can provide copies of your online enrollment confirmation statement or a copy of your paper enrollment form at any time.

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

678-535-6351

NFPsecustomerservice@NFP.com



## Contact Information

Plan	Administrator	Website	Phone Number
Benefit / Enrollment Questions	NFP	<a href="http://www.nfp.com">www.nfp.com</a>	678-535-6351
Benefits Resource Center	NFP	<a href="http://www.nfpsebenefits.net/pauldingcounty">www.nfpsebenefits.net/pauldingcounty</a>	
Medical	Anthem	<a href="http://www.anthem.com">www.anthem.com</a>	POS Plan 855-397-9269 HRA Plans 855-889-5682
Dental	Anthem	<a href="http://www.anthem.com">www.anthem.com</a>	855-397-9267
Vision	Anthem	<a href="http://www.anthem.com">www.anthem.com</a>	866-723-0515
Basic Life / Voluntary Life	Anthem	<a href="http://www.anthem.com">www.anthem.com</a>	800-232-0113
Short Term / Long Term Disability	Anthem	<a href="http://www.anthem.com">www.anthem.com</a>	800-232-0113
FSA	Medcom	<a href="http://www.mywealthcareonline.com/medcom">www.mywealthcareonline.com/medcom</a>	800-523-7542
Health Advocate		<a href="http://www.healthadvocate.com/paulding">www.healthadvocate.com/paulding</a>	866-695-8622



