



Paulding County Board of Commissioners

Employee Benefits At A Glance 2020

Medical – Anthem Blue Cross Blue Shield of GA

	Anthem HRA Option 2	Anthem HRA Option 1	Anthem BCBS POS
Health Reimbursement Account	You have a first dollar Health Reimbursement Account (HRA) and receive funds based on the following plan entry dates: 1/1 to 3/31 4/1 to 6/30 7/1 to 9/30 10/1 to 12/31		N/A
Calendar Year Deductible			
• Single	\$3,000	\$2,000	\$1,500
• Family	\$6,000	\$4,000	\$3,000
Out-of-Pocket Maximum			
• Single	\$7,000	\$5,000	\$4,000
• Family	\$14,000	\$10,000	\$8,000
Coinsurance	90%	90%	80%
Preventive Care	100% (no copay)	100% (no copay)	100% (no copay)
Office Visit Copay			
• Primary	Deductible + Coinsurance	Deductible + Coinsurance	\$25
• Specialist	Deductible + Coinsurance	Deductible + Coinsurance	\$50
Hospital/Inpatient Services	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Emergency Room	Deductible + Coinsurance	Deductible + Coinsurance	\$300
Urgent Care	Deductible + Coinsurance	Deductible + Coinsurance	\$75
Pharmacy (retail 31 days)			
• Tier 1	\$15 copay	\$15 copay	\$15 copay
• Tier 2	\$40 copay	\$40 copay	\$40 copay
• Tier 3	\$60 copay	\$60 copay	\$60 copay
• Tier 4	20% up to \$150	20% up to \$150	20% up to \$150
Mail Order (90 days)			
• Tier 1	\$38 copay	\$38 copay	\$38 copay
• Tier 2	\$100 copay	\$100 copay	\$100 copay
• Tier 3	\$150 copay	\$150 copay	\$150 copay
• Tier 4	20% up to \$150	20% up to \$150	20% up to \$50

Dental – Anthem BCBS

Calendar Year Deductible	
• Single	\$50
• Family Max	\$150
Annual Benefit Maximum	\$1,000 Calendar Year
Maximum Rollover	If a member does not have \$500 or more in paid expenses during a plan year and visits the dentist at least once during the year, a rollover of up to \$250 applies to the next plan year, increasing the total annual maximum for the next year to \$1,250. This occurs each year until a \$2,000 annual limit is achieved.
Diagnostic/Preventive Services	100% Coverage (no deductible)
Basic Treatment	80% Coverage (subject to deductible)
Major Treatment (now includes coverage on implants)	60% Coverage (subject to deductible)
Orthodontia Services (Child Only)	60% Coverage Annual Benefit Maximum: \$1,000

Vision – Anthem BCBS

	In-Network	Non-Network
Vision Exam	\$10 copay	Up to \$50 allowance
Contacts Fitting	Member cost up to \$55 with 10% off retail price for premium.	Not Covered
• Standard		
• Premium		
Contact Lenses	Up to \$130 allowance	Up to \$105 allowance
• Elective	Covered in full after a \$25 copay	Up to \$210 allowance
• Medically Necessary		
Standard Plastic Lenses		
• Single Vision	Covered in full after a \$25 copay	Up to \$48
• Bifocal		Up to \$67
• Trifocal		Up to \$86
Frames	Up to \$130 allowance; 20% off additional cost	Up to \$48 allowance
Benefit Frequency		
• Exam	Once every calendar year	
• Lenses	Once every calendar year	
• Frames	Once every other calendar year	

Basic Life/AD&D – Anthem Life

Paulding County Board of Commissioners provides all eligible employees with Basic Life & AD&D Insurance. The amount of your benefit to be paid to your designated beneficiary is based upon the following classification of your employment:

- Group I -- Elected Officials -- \$50,000
- Group II -- All other full-time employees -- 1 times salary to a maximum of \$100,000

The Amount of Basic Life Insurance will be reduced by 50% at age 70 and coverage terminates at retirement.

For your enrolled dependents:

- Your spouse will have life insurance of \$5,000.
- Each child older than 14 days will have life insurance of \$2,500.

Supplemental Life/AD&D – Anthem Life

Eligible employees have the option to purchase additional term life insurance. Employees can elect up to \$500,000, not to exceed 7 x their annual salary, in \$25,000 increments. New Hires will have a guarantee issue amount of \$250,000. All amounts over the guarantee issue amount will require an evidence of insurability form. If you elect coverage for yourself, you may also elect coverage for your eligible dependents as outlined below:

- Spouse – You may elect up to \$250,000, not to exceed 100% of the amount you elect on yourself. \$62,500 is Guarantee Issue if elected when first eligible.
- Child(ren) – Coverage is available for your child(ren) age 15 days up to 26 years: \$10,000 for each child.

If you elect at least \$25,000 when first eligible, but less than the \$250,000 Guarantee Issue amount, you are eligible to increase your employee and/or spouse coverage by one increment, not to exceed the guarantee issue amount.

Short Term Disability – Anthem Life

Eligible employees receive Short Term Disability at no cost. If deemed disabled, you will receive 60% of your weekly pre-disability salary, to a maximum of \$830. Benefits begin to accruing on the 15th day of disability for non-occupational injury and the 15th day for non-occupational sickness or pregnancy. Benefits are payable up to 24 weeks.

Long Term Disability – Anthem Life

Eligible employees receive Long Term Disability at no cost. You will receive 60% of your pre-disability monthly salary, to a maximum of \$6,000 less deductible sources of income and disability earnings. Benefits will begin according on the 181st day of disability and could continue until up to your Social Security Retirement Age if you are disabled before age 60. If disabled after age 60, benefits are payable according to an age-based schedule.

Flexible Spending Accounts – Medcom

Employees have the ability to set aside pre-tax dollars into a Healthcare Flexible Spending account to be used for eligible healthcare, dental, or vision expenses. The maximum contribution amount for 2020 is \$2,750. Up to \$500 of unused funds can be rolled over each year. Employees also have the ability to set aside pre-tax dollars into a Dependent Care Flexible Spending account to be used for eligible dependent care expenses. The amount you may set aside depends on when you are eligible for benefits. If you are eligible for benefits on May 1, the maximum you may set aside is \$5,000 if single or married filing jointly, or \$2,500 if married filing separately, and the maximum is then prorated each month following. Employees will receive a debit card from Medcom as a way of accessing funds for either account.

Employee Assistance Program (EAP) – Anthem Blue Cross Blue Shield

As a valued employee, you and your family have access to the EAP, at no cost to you. The EAP provides you with unlimited free telephonic legal and financial consultation, counselors available 24 hours a day, 7 days a week, a website featuring over 3,400 helpful articles on topics like wellness, training courses, and a legal and financial center, and up to three free face-to-face visits with counselors to help with a short-term problem.

Health Advocate

Available to those who enroll in the Medical/Rx plan package and includes Medical Bill Saver and MedChoice Support. Medical Bill Saver can help negotiate medical and dental bills to result in significant savings and will also provide you with easy-to-read, personal Savings Result Statement, summaries outcome and payment terms. You, your spouse, dependent children, parents, and parents-in-law can all use the service. 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.

Payroll deductions displayed are bi-weekly.

Benefit/Enrollment Questions

NFP

678-535-6351

www.nfp.com

www.nfpsebenefits.net/pauldingcounty

Medical Benefits

Anthem Blue Cross Blue Shield

1-855-397-9269 – POS Plan

1-855-889-5682 – HRA Plans

www.anthem.com

Dental Benefits

Anthem Blue Cross Blue Shield

1-855-397-9267

www.anthem.com

Vision Benefits

Anthem Blue Cross Blue Shield

1-866-723-0515

www.anthem.com

Life and A&D Benefits

Anthem Life

1-800-232-0113

www.anthem.com

Short Term Disability

Anthem Life

1-800-232-0113

www.anthem.com

Long Term Disability

Anthem Life

1-800-232-0113

www.anthem.com

Flexible Spending Accounts

Medcom

1-800-523-7542, Option 1

www.myhealthcareonline.com/medcom

Health Advocate

1-866-695-8622

answers@healthadvocate.com

www.healthadvocate.com/paulding

Employee Assistance Program (EAP)

Anthem Blue Cross Blue Shield

1-888-209-7840

www.ResourceAdvisor.Anthem.com

Coverage Tier	Anthem BCBS HRA Option 2 (includes enrollment in Anthem BCBS dental plan)	Anthem BCBS HRA Option 1 (includes enrollment in Anthem BCBS dental plan)	Anthem BCBS POS (includes enrollment in Anthem BCBS dental plan)	Anthem BCBS Vision
Employee	\$0.00	\$10.00	\$50.00	\$3.20
Employee + Family	\$60.34	\$85.34	\$150.34	\$6.87