

2016 EMPLOYEE BENEFITS SUMMARY

Dunwoody*

* Smart people – Smart city



Inside you will find information about our:

[Benefits Eligibility](#) | [Benefits Enrollment](#) | [Health Benefits](#) | [Dental Benefits](#) | [Flexible Spending Accounts](#) | [Disability Benefits](#) | [Life Benefits](#)

This booklet provides a summary of plan highlights. Please consult the carrier's contract for complete information on covered charges, limitations, and exclusions. This is not a binding contract. The carrier's contract will prevail. If you have further questions please contact the carrier or Ascension.

2016



November 5, 2015

Dear City of Dunwoody Employees:

The end of 2015 gives us all an opportunity to reflect on the past year and look forward to the next. It is due in great part to you, our employees, that I can do both with pride and confidence. Thank all of you for your hard work and achievements. The Council and I appreciate your dedication to the City of Dunwoody.

Looking forward, the City remains committed to offering a comprehensive set of benefits for you and your family. As health care costs continue to rise, our costs have also increased slightly. However, the City will continue to fund the majority of your benefits. While you may see a small increase in premiums, you will be paying the same ratio of benefits costs as you have in the past.

In the coming year, you may notice changes to our Wellness Program; however, our goal remains the same. Our Wellness Committee has and will continue to provide events, programs, and education to help you live a healthy and happy life.

Ascension Insurance continues to be our partner in the design of our benefit plans. They also serve as our resource for benefits-related assistance. Please contact Ascension if you need help solving any benefits-related problems. You will find their contact information on the back cover of this booklet.

Please review this benefits booklet for information on the City of Dunwoody's benefits offerings. If you or your family have any questions, please contact Nicole Stojka (678.382.6755), and she will be happy to assist you.

Thank you again for another successful year. I look forward to working with you and the rest of our Dunwoody team in 2016.

Sincerely,

Eric Linton, ICMA-CM
City Manager



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Our Benefit Goals

We evaluate our benefit programs each year to make sure that we accomplish several goals.

We strive to:

- Promote health and wellness among City of Dunwoody employees and their dependents
- Provide employees with affordable access to health benefits
- Provide competitive benefits programs
- Provide resources to support employees and their dependents as they make important decisions about their health and health care



Your Benefits are Paid for with Pre-Tax Dollars

Every penny in your paycheck counts.

To help you stretch your income, we established a Cafeteria Plan or Flexible Benefit Plan that allows you to pay for your benefits using pre-tax money.

What Does a Cafeteria Plan Mean to Me?

■ ■ ■ ■ ■
You save at least 15% in Federal Tax

■ ■ ■ ■ ■
You save 1.45% in FICA Tax

■ ■ ■ ■ ■
You save 6% in Georgia State Tax

More flexibility—you have a menu of benefit alternatives and levels and can choose the right options for you



Important Benefit Plan Reminders



As you enroll in your benefits, remember:

- Over-the-counter drugs without a prescription are not eligible for reimbursement under the medical Flexible Spending Account (FSA)
- Retail health clinics (such as CVS and Walgreens) are now covered on the medical plan at the PCP copay level
- Dependents can remain on the medical plan up to age 26 without maintaining student status, even if they are married





Open Enrollment

To make benefits enrollment faster and more convenient, we conduct Open Enrollment through the City of Dunwoody ADP Website.



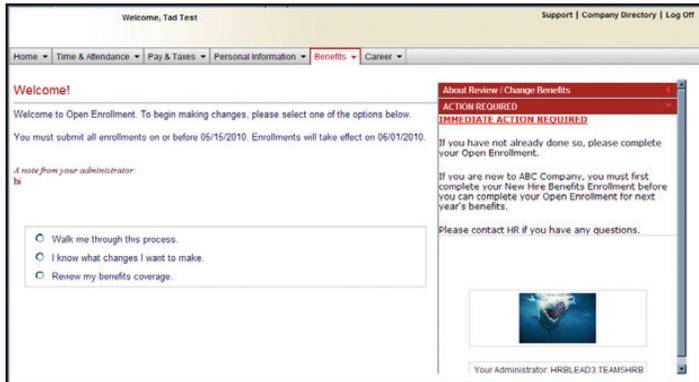
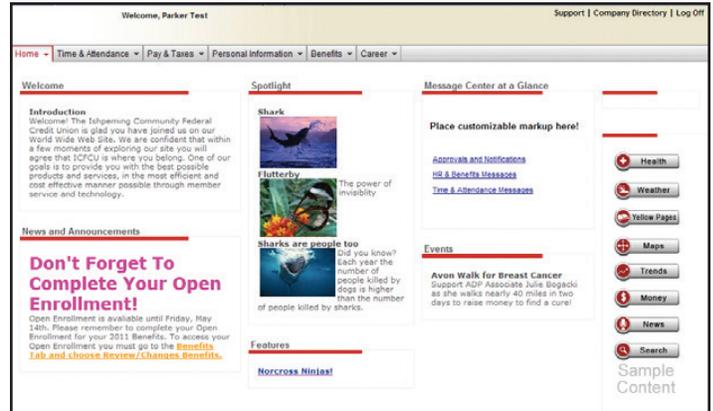
Open Enrollment begins on Thursday, November 5th and ends at 5pm Monday, November 16th. **All changes to your benefits must be completed by 5:00 p.m. on Monday, November 16th.**

To enroll:

1. Log on to the City of Dunwoody ADP Website.
2. Complete the following fields on the Login page:
 - Select User Login
 - Enter Login/User Name
 - Enter Password
3. On the Introduction page, click **Next** to continue. Verify the Personal, Work, and Emergency Contact Information shown on the following pages and make any necessary updates. Click **Next** at the bottom of each page to proceed. On the final Worksheet page, click **Save** to continue.

BENEFIT ENROLLMENT

- You will see a page notifying you that your changes were submitted successfully. Click on the button that says **Proceed to your account**.
- The Welcome screen to the right is displayed.
- Navigate to the **Benefits Tab** and select **Review/Change Benefits**.
- A wizard-based Enrollment Tool begins the Enrollment process. The following three benefit enrollment options are available:
 - Walk me through this process
 - I know what changes I want to make
 - Review my benefits coverage

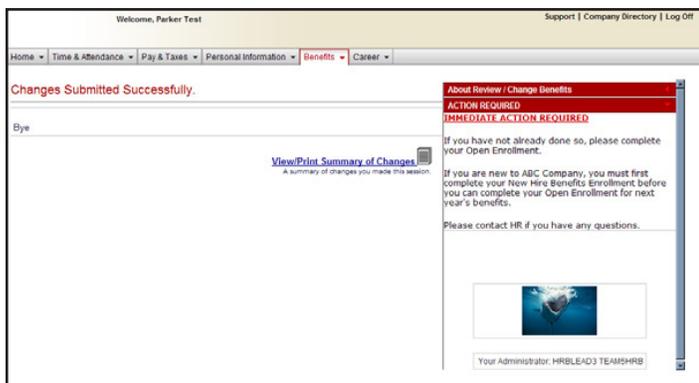
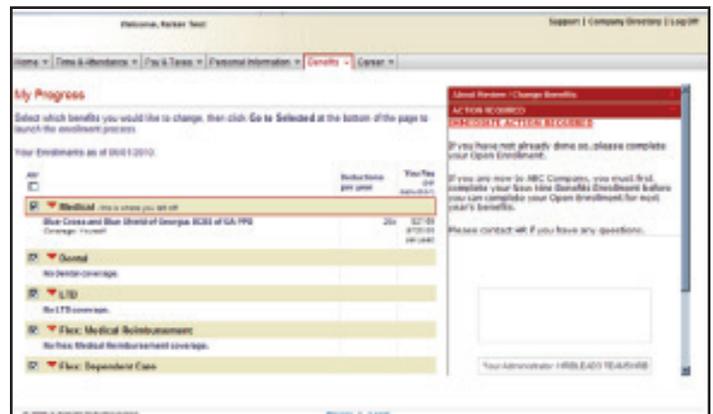


- The Enrollment Wizard will walk you through the changes you need to make if you select **Walk me through this process**.

Note: If you are set up for enrollment in only one benefit plan, you will automatically end your enrollment in your current benefit when you enroll in a new benefit plan. You do not need to terminate your current benefit plan. The new benefit will take effect on January 1, 2016.

For example, if you are currently enrolled in PPO and you select HMO under New Elections, PPO will automatically be removed from your list of enrollments. Therefore, it is not necessary to Opt Out of PPO.

- You can check your progress while you make changes, or stop in the middle to return later, and the system will remember where you left off (sample screen to the right).
- When you are finished making your changes, the following screen is displayed. **Click View/Print Summary of Changes** for a print out of your changes. You can log out of the City of Dunwoody ADP Website by clicking **Log Off** on the top navigation bar.



If you have any questions about using the City of Dunwoody ADP Website, or if you've made an enrollment error, please contact Nicole Stojka at 678.382.6755 or nicole.stojka@dunwoodyga.gov or Summer Huggins at 678.382.6754 or summer.huggins@dunwoodyga.gov. Pending changes can only be corrected by your administrator.



Benefit Eligibility

Full-time employees are eligible for benefits on the first day of the month following 30 days of service for medical, dental, vision, and FSA benefits. Life and Disability benefits will begin on the first day of the month following 90 days of service.

Spouses and dependent children of the employee are also eligible to participate in our benefit plans. Dependent children include natural children, legally adopted children, stepchildren, and children for whom the employee has been appointed guardian.

You can enroll the following dependents in our group benefit plans:

- Your legal spouse
- Children under age 26 (medical, dental and vision)
- Children through age 20 (24 if full-time student) for optional life insurance
- Unmarried children of any age if totally disabled and claimed as a dependent on your federal income tax return (documentation of handicapped status must be provided)

Many employees have other dependents living with them who are not eligible for our benefit plan.

Dependents NOT eligible to be added to your benefit plans:

- Grandchildren, nieces, nephews or other children who do not meet specifications listed to the left
- Common-law spouses or domestic partners (same or opposite sex)
- Ex-spouses, unless required via court order (documentation required)
- Parents, step-parents, grandparents, aunts, uncles, or other relatives who are not qualified legal dependents (even if they live in your house)

Making Changes to Your Benefits

Most benefit deductions are withheld from your paycheck on a pre-tax basis (medical, dental, vision, and flexible spending accounts), and therefore your ability to make changes to these benefits is restricted by the IRS.

Open Enrollment elections are effective January 1, 2016 and stay in effect until December 31, 2016 unless you experience a Life Status Change. To be eligible to make benefit changes because of a Life Status Change, you must notify Human Resources within 30 days of the date of the qualifying event. Proof of your life event may also be required. Changes outside of the 30-day period are not allowed until the next annual Open Enrollment period, unless you experience another qualified Life Status Change.

To make benefit changes as a result of your Life Status Change as allowed under Section 125 of the IRS Code, you must:

- Notify Human Resources within 30 days of the date of the qualifying event
- Provide proof of your life status event
- Complete and submit your enrollment form



The Most Common Life Status Changes

- Marriage, divorce, legal separation
- Birth or adoption
- Change in your or your spouse's work status that affects your benefits or an eligible dependent's benefits
- Change in health coverage due to your spouse's annual Open Enrollment period
- Change in eligibility for you or a dependent for Medicaid or Medicare
- Receipt of a Qualified Medical Child Support Order or other court order



Employee Assistance Program (EAP)

Bensinger, DuPont & Associates (BDA) is our confidential EAP provider.

The EAP provides employees and their family unlimited telephonic and online access to Master's Level Counselors who can assist with a variety of issues including:

- Child care resources
- Relationship problems
- Depression
- Financial concerns
- Grief issues
- Stress
- Alcohol and drug abuse



To access our EAP, call 1.888.293.6948 or visit www.eapbda.com



Fitness Center Memberships

The City of Dunwoody offers free fitness center memberships to our employees.

The memberships are currently available through three organizations, all with fitness center locations in Dunwoody. Dunwoody Baptist Fitness Center and UFC Gym offer free memberships to all City employees. The Marcus Jewish Community Center offers a free membership to our sworn Police Department employees. Please see Human Resources for more information.

Ready to End Your Tobacco Addiction?

A tobacco user spends on average \$2,500 a year on tobacco alone and incurs higher health care costs over their lifetime.

Living a tobacco-free lifestyle can help save you thousands of dollars and improve your energy level and your quality of life.

In order to support our employees in their goals to end tobacco usage, the City is proud to offer a tobacco cessation product reimbursement program. The program reimburses employees and spouses for tobacco cessation products only. The amount of available funds is subject to annual appropriation by Council. The individual reimbursement limit is \$1,500 per year. Spouses are eligible for reimbursement only if funding exists after employees who wish to participate do so. Please contact Human Resources for more information about the program.

Tobacco cessation treatment options include hypnosis, prescription alternatives, the Smart Shot, acupuncture, and over-the-counter remedies such as the patch and gums that include nicotine products or natural formulas. Studies show that treatment programs through a facility or physician that also include therapy and social support are usually more effective for long-term success than other alternatives.

Health Benefits of Quitting

Within 20 minutes:

- Your blood pressure and pulse rate drop to normal.

Within 24 hours:

- Your risk of a sudden heart attack goes down.

Within 2 weeks to 3 months:

- Your circulation improves. Walking becomes easier. Your lungs work better. Wounds heal more quickly.

Within 1 to 9 months:

- You have more energy. Your coughing, nasal congestion, fatigue, and shortness of breath improve.

Within 1 year:

- Your risk of coronary heart disease is half that of someone still using tobacco.

Within 5 years:

- Your chances of developing lung cancer drop by nearly 50% compared to people who smoke one pack a day. Your risk of mouth cancer is half that of a tobacco user.

Within 10 years:

- Your risks of cancer goes down. Your risk of stroke and lung cancer are now similar to that of someone who never smoked.



Finding the Right Tobacco Cessation Program

The program that works best for you may be very different from the program that works best for someone else. Talk to your primary care physician because he/she is one of your best resources for finding cessation programs designed to meet your total health needs. Your physician can discuss over-the-counter and prescription medications and provide a reference to tobacco cessation programs as well.

Resource List

Georgia Tobacco Quitline

1.877.270.STOP

St. Joseph's Hospital

Knock Nicotine

Atlanta, GA

678.843.7633

American Cancer Society

1.800.ACS.2345

www.cancer.org

American Lung Association

www.lungusa.org

CDC-Tobacco Information and Prevention Source (TIPS)

www.cdc.gov/tobacco

Kill the Can

www.killthecan.org

National Cancer Institute

www.cancer.gov

1.877.44U.QUIT

Smoke Free Support

www.smokefree.gov

1.800.QUITNOW

Medical Benefits

The City offers three Blue Cross Blue Shield of Georgia health plan options, a Health Maintenance Organization (HMO) plan, a Point of Service (POS) plan, and a Preferred Provider Organization (PPO) plan.

You will notice some similarities between all of our plans. They all have an in-network individual and spouse maximum deductible of \$500 each and a combined maximum family deductible of \$1,500. Under all three plans, in-network visits to your primary care physician require a small copay of \$25 and you have an unlimited Lifetime Maximum. The differences between the three plans are highlighted below.

Only the POS and PPO plans offer out-of-network benefits; however, you pay the least when you see an in-network provider. Before choosing the HMO or POS options, make sure your doctor is considered in-network. You may find that if your preferred doctor is not a part of the HMO or POS network, they may be a part of the broader PPO plan network.

No matter which plan you choose, we encourage you and your dependents to have annual wellness exams. Most in-network preventive exams and well-child exams (including immunizations) are 100% covered by our plans. Preventive exams can detect if you are at risk for or already have a chronic disease such as heart disease, diabetes, hypertension and certain cancers, which are preventable. Talk to your health care provider to find out which screenings are recommended for you and when you need them.

The following summaries outline your medical benefit options. For specifics, please refer to the plan documents.



HMO

The HMO plan is the most economical option. Your premiums are lower under this plan, and the amount that the plan pays for services subject to the coinsurance rate is 100%, so you are not subject to high out-of-pocket expenditures beyond your copays. However, unlike the other plans, this plan does not provide **any** benefits for visits to out-of-network providers. The HMO plan is perfect for people who:

- Want to pay a lower premium
- Will only see in-network providers
- Want confidence that their out-of-pocket costs will be low

POS Plan

The POS plan option allows you to see a primary care physician for a \$25 copay and a specialist for a \$50 copay. It has a coinsurance rate of 100% after the deductible. This plan provides a 70% coinsurance rate after the deductible has been reached for out-of-network benefits. The POS plan is perfect for people who:

- Want to pay a lower premium
- Want the flexibility to see out-of-network providers

PPO Plan

The PPO plan offers plan members the largest selection of in-network providers. Members pay a \$25 copay for a primary care office visit and a \$50 copay for a specialist office visit. The PPO plan works best for people who are willing to pay a higher premium for a larger selection of in-network doctors.

Find a Doctor

To find an in-network provider:

- Visit www.bcbsga.com
- Under Useful Tools, select Find a Doctor
- You may Search as a Member (if you have setup a username and password) or Search as a Guest
- For Search as a Guest click Continue
- Select "Through my Employer" as how you get your Insurance
- Select GA as the state
- Select the type of coverage you are searching for – medical
- Select a plan or Network
- For HMO, select Blue Open Access HMO
- For POS select Blue Open Access POS
- For PPO select Blue Choice PPO
- On the next screen select what you are looking for and their Specialty
- For Location enter your zip code and radius you wish to search
- Click the Search button and the results of your search will appear.

MEDICAL: BLUE CROSS BLUE SHIELD

HMO

	In-Network Benefits Only
Lifetime Maximum	Unlimited
Deductible	\$500 individual \$1,500 family
Out-of-Pocket Maximum (includes deductible, coinsurance, medical copays and Rx copays)	\$500 individual \$1,500 family
Office Visits: Preventive Care	
• Well-Child and Immunizations	Plan pays 100% (not subject to deductible)
• Periodic Health Examination	Plan pays 100% (not subject to deductible)
• Annual Gynecology Examination	Plan pays 100% (not subject to deductible)
• Prostate Screening	Plan pays 100% (not subject to deductible)
Office Visits: Illness or Injury	
• Primary Care Physician and Retail Health Clinics (includes lab, x-rays, and diagnostic procedures)	\$25 copay
• Specialty Care Visit	\$50 copay
• Urgent Care	\$60 copay
• Maternity	\$25 copay (first visit only), plan pays 100% after deductible for delivery
• Allergy Care (testing, serum and shots)	\$25 primary care copay or \$50 specialist copay
Inpatient Services	
• Daily Room, Board, Nurse Care (at semi-private room rate), and ICU	Plan pays 100% after deductible
• Physician Services	Plan pays 100% after deductible
Outpatient Services	
• Surgery Facility & Hospital Charges	Plan pays 100% after deductible
• Diagnostic X-ray, Lab	Plan pays 100% after deductible
• Physician Services	Plan pays 100% after deductible
Emergency Room (Non-emergency use of Emergency Room is not covered)	\$150 copay (waived if admitted)
Therapy Services	
• Speech Therapy (20-visit calendar year max.)	\$25 copay
• Physical, Occupational Therapy (20-visit calendar year max.)	\$25 copay
• Chiropractic Care (20-visit calendar year max.)	\$25 copay
• Respiratory Therapy	Plan pays 100% after deductible
• Radiation Therapy, Chemotherapy, Cardiac Rehabilitation (no limit on visits per benefit period)	Plan pays 100% after deductible
Mental Health/Substance Abuse (No referral required. Services must be authorized by calling 1.800.292.2879.)	
• Inpatient - facility and physician fee	Plan pays 100% after deductible
• Outpatient	\$25 copay
Other Services	
• Skilled Nursing Facility (30-day calendar year max.)	Plan pays 100% after deductible
• Home Health Care (120-visit calendar year max.)	\$25 copay
• Hospice Care	Plan pays 100% (not subject to deductible)
• Ambulance (when medically necessary)	Plan pays 100% after deductible
Prescription Drug (In-network prescriptions must be written by a network physician and filled at a network pharmacy.)	
• Generic Preferred (30-day limit)	\$15 copay
• Brand Preferred (30-day limit)	\$35 copay
• Non-Preferred (30-day limit)	\$60 copay
• Specialty Drugs	Member pays 20% coinsurance (up to \$300 maximum per prescription or \$3,000 out-of-pocket maximum per member per year)
• Mail Order (90-day limit) Generic/Brand/Non-Preferred/Specialty	\$15 / \$70 /\$180 / 20%

MEDICAL: BLUE CROSS BLUE SHIELD

POS

	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited
Deductible	\$500 individual \$1,500 family	\$1,000 individual \$3,000 family
Out-of-Pocket Maximum (includes deductible, coinsurance, medical copays and Rx copays)	\$500 individual \$1,500 family	\$1,500 individual \$4,500 family
Office Visits: Preventive Care		
• Well-Child and Immunizations	Plan pays 100% (not subject to deductible)	Plan pays 70% after deductible (deductible waived through age 5)
• Periodic Health Examination	Plan pays 100% (not subject to deductible)	Plan pays 70% after deductible
• Annual Gynecology Examination	Plan pays 100% (not subject to deductible)	Plan pays 70% after deductible
• Prostate Screening	Plan pays 100% (not subject to deductible)	Plan pays 70% after deductible
Office Visits: Illness or Injury		
• Primary Care Physician (includes lab, x-rays, and diagnostic procedures)	\$25 copay	Plan pays 70% after deductible
• Specialty Care Visit	\$50 copay	Plan pays 70% after deductible
• Urgent Care	\$60 copay	Plan pays 70% after deductible
• Maternity Physician Services (prenatal, delivery, postpartum)	\$25 copay (first visit only), plan pays 100% after deductible for delivery	Plan pays 70% after deductible
• Allergy Care (testing, serum, shots)	\$25 primary care copay or \$50 specialist copay	Plan pays 70% after deductible
Inpatient Services		
• Daily Room, Board, Nurse Care (at semi-private room rate), ICU, and Diagnostic	Plan pays 100% after deductible	Plan pays 70% after deductible
• Physician Services	Plan pays 100% after deductible	Plan pays 70% after deductible
Outpatient Services		
• Surgery Facility & Hospital Charges	Plan pays 100% after deductible	Plan pays 70% after deductible
• Diagnostic X-ray, Lab	Plan pays 100% after deductible	Plan pays 70% after deductible
• Physician Services	Plan pays 100% after deductible	Plan pays 70% after deductible
Emergency Room (Non-emergency use of Emergency Room is not covered)	\$150 copay (waived if admitted)	\$150 copay (waived if admitted)
Therapy Services		
• Speech Therapy (20-visit calendar year max.)	\$25 copay	Plan pays 70% after deductible
• Physical, Occupational Therapy (20-visit calendar year max.)	\$25 copay	Plan pays 70% after deductible
• Chiropractic Care (20-visit calendar year max.)	\$25 copay	Plan pays 70% after deductible
• Respiratory Therapy	Plan pays 100% after deductible	Plan pays 70% after deductible
• Radiation Therapy, Chemotherapy, Cardiac Rehabilitation (no limit on visits per benefit period)	Plan pays 100% after deductible	Plan pays 70% after deductible
Other Services		
• Skilled Nursing Facility (30-day calendar year max.)	Plan pays 100% after deductible	Plan pays 70% after deductible
• Home Health Care (120-visit calendar year max.)	\$25 copay	Plan pays 70% after deductible
• Hospice Care	Plan pays 100% (not subject to deductible)	Plan pays 70% after deductible
• Ambulance (when medically necessary)	Plan pays 100% after deductible	Plan pays 100% after deductible
Mental Health/Substance Abuse (No referral required. Services must be authorized by calling 1.800.292.2879.)		
• Inpatient	Plan pays 100% after deductible	Plan pays 70% after deductible
• Outpatient	\$25 copay	Plan pays 70% after deductible
Prescription Drug (Each prescription has a 30-day limit, mail order maintenance prescriptions have a 90-day limit.)		
• Generic Preferred	\$15 copay	\$15 copay
• Brand Preferred	\$35 copay	\$35 copay
• Non-Preferred	\$60 copay	\$60 copay
• Specialty Drugs	Member pays 20% coinsurance (up to \$300 maximum per prescription or \$3,000 out-of-pocket maximum per member per year)	Member pays 20% coinsurance (up to \$300 maximum per prescription or \$3,000 out-of-pocket maximum per member per year)
• Mail Order - Generic/Brand/Non-Preferred/Specialty	\$15 / \$70 /\$180 / 20%	Not Available

MEDICAL: BLUE CROSS BLUE SHIELD

PPO

	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited
Deductible	\$500 individual \$1,500 family	\$1,000 individual \$3,000 family
Out-of-Pocket Maximum (includes deductible, coinsurance, medical copays and Rx copays)	\$2,000 individual \$6,000 family	\$6,000 individual \$18,000 family
Office Visits: Preventive Care (Preferred Physician or Specialist)		
• Well-Child and Immunizations	Plan pays 100% (not subject to deductible)	Plan pays 70% after deductible (deductible waived through age 5)
• Periodic Health Examination	Plan pays 100% (not subject to deductible)	Plan pays 70% after deductible
• Annual Gynecology Examination	Plan pays 100% (not subject to deductible)	Plan pays 70% after deductible
• Prostate Screening	Plan pays 100% (not subject to deductible)	Plan pays 70% after deductible
Office Visits: Illness or Injury		
• Office visit (includes lab and x-ray performed in office)	\$25 copay	Plan pays 60% after deductible
• Specialty Care Visit	\$50 copay	Plan pays 60% after deductible
• Urgent Care	\$60 copay	Plan pays 60% after deductible
• Maternity	\$25 copay (first visit only), plan pays 80% after deductible for delivery	Plan pays 60% after deductible
• Allergy Care (testing, serum, shots)	\$25 primary care copay or \$50 specialist copay	Plan pays 60% after deductible
Inpatient Services		
• Daily Room, Board, Nurse Care (at semiprivate room rate), ICU, X-Ray, and Lab	Plan pays 80% after deductible	Plan pays 60% after deductible
• Physician Services	Plan pays 80% after deductible	Plan pays 60% after deductible
Outpatient Services		
• Facility/Hospital Charges, X-Ray, and Lab	Plan pays 80% after deductible	Plan pays 60% after deductible
• Physician Services	Plan pays 80% after deductible	Plan pays 60% after deductible
Emergency Room		
	\$150 copay and then plan pays 80%	\$150 copay and then plan pays 80%
Therapy Services (Calendar year visit limits are combined between in-network and out-of-network.)		
• Speech Therapy (20-visit calendar year max.)	\$25 copay	Plan pays 60% after deductible
• Physical and Occupational Therapy (20-visit calendar year max.)	\$25 copay	Plan pays 60% after deductible
• Chiropractic Therapy (20-visit calendar year max.)	\$25 copay	Plan pays 60% after deductible
• Respiratory Therapy	Plan pays 80% after deductible	Plan pays 60% after deductible
• Radiation Therapy, Chemotherapy, Cardiac Rehabilitation (no limit on visits per benefit period)	Plan pays 80% after deductible	Plan pays 60% after deductible
Other Services (Calendar year benefits, visits and lifetime maximums are combined between in-network and out-of-network.)		
• Skilled Nursing Facility (30-day calendar year max.)	Plan pays 80% after deductible	Plan pays 60% after deductible
• Home Health Care (120-visit calendar year max.)	\$25 copay per visit	Plan pays 60% after deductible
• Hospice Care	Plan pays 100% (not subject to deductible)	Plan pays 70% after deductible
• Ambulance (when medically necessary)	Plan pays 80% after deductible	Plan pays 80% after deductible
Mental Health/Substance Abuse (No referral required. Services must be authorized by calling 1.800.292.2879.)		
• Inpatient-facility and physician	Plan pays 80% after deductible	Plan pays 60% after deductible
• Outpatient	\$25 copay per visit	Plan pays 60% after deductible
Prescription Drug (Each prescription has a 30-day limit, mail order maintenance prescriptions have a 90-day limit. Member must file for reimbursement at non-participating pharmacy.)		
• Generic Preferred	\$15 copay	\$15 copay
• Brand Preferred	\$35 copay	\$35 copay
• Non-Preferred	\$60 copay	\$60 copay
• Specialty Drugs	Member pays 20% coinsurance (up to \$300 maximum per prescription or \$3,000 out-of-pocket maximum per member per year)	Member pays 20% coinsurance (up to \$300 maximum per prescription or \$3,000 out-of-pocket maximum per member per year)
• Mail Order - Generic/Brand/Non-Preferred/Specialty	\$15 / \$70 /\$180 / 20%	Not Available

360° Health

Employees enrolled in any of our medical plans also have access to Blue Cross Blue Shield's 360° Health.

The 360° Health program provides customized health care related services that empower members with the resources, tools, guidance and support to help them manage their health while managing their health care costs.

360° Health offers a revolutionary shift in health care related services that really means “life care”— MDs and RNs proactively working with plan members to help them to lead healthier lives and feel better every day. Some people, no matter how they choose to live, just get sick. 360° Health helps members to live better even when they are sick by providing health guidance and health management services.

Once you are enrolled in your benefits, log on to Member Access at bcbsga.com and select the 360° Health tab to learn more about the benefits of these programs.

Following is more information about some of the programs available to you.



Health Resources

Access health and wellness information through a variety of channels and learn more about health topics, conditions and treatment options:

- Use Healthy Living to learn about health topics from A to Z
- Receive our free member newsletter in your home or sign up for an electronic newsletter that can be sent to your e-mail
- Listen to confidential recorded messages about hundreds of health topics in English and Spanish through the AudioHealth Library by calling 888.724.BLUE (2583)

Future Moms Program

Participating in one of our health plans gives mothers-to-be access to the Future Moms program, which assists expectant mothers by providing:

- An assigned prenatal/postnatal nurse health coach who is supported by an on-site team of clinical specialists
- A care management system that assesses risks to help ensure consistent, individualized education and support
- Prenatal interventions based on the expectant mother's pregnancy status, complications, medical history and physician's plan of care
- 24-hour toll-free nurse access line that assists the mother in making informed health care decisions. Bilingual registered nurses and services for the hearing impaired are available



To enroll, members call 866.664.5404

Health Extras

Take advantage of various opportunities to help you improve your health using:

- Discounts offered through SpecialOffers for smoking cessation, alternative therapies, fitness club memberships and weight management programs
- Interactive online programs such as BMI calculators, diet and exercise trackers and immunization schedules
- The online database for hospital quality information through Subimo's Healthcare Advisor™.



24/7 Nurseline

Health Information With Just a Call or a Click

Health concerns don't follow a 9-to-5 weekday schedule. They happen in the middle of the night, during vacation or while traveling for business. Determining whether a problem requires medical attention or self-care isn't always clear.

Blue Cross Blue Shield of Georgia's (BCBSGA) 24/7 Nurseline offers access to qualified registered nurses anytime. This allows members of our health care plans to make informed decisions about the appropriate level of care and avoid unnecessary worry.

To reach the 24/7 Nurseline, call: 888.724.BLUE(2583)

Track your Personal Health Information

BCBSGA members can use MyHealth Record to maintain and track personal health information and keep it organized in one secure location.

You can use the tool to consolidate your medical history if you see multiple doctors and provide them with a comprehensive health history to use when planning care, which can eliminate duplicate services and potential adverse drug interactions.

TIP To access MyHealth Record, log onto member access at www.bcbsga.com and select 360° Health and then MyHealth Record.



ConditionCARE

Today, most physicians and clinical staffs have limited “face time” with their patients. Some people are in denial about their chronic illnesses and others can feel overwhelmed by all the information available, either of which can lead to poor management of the chronic condition and poor overall health.

BCBSGA's ConditionCare program works with your physician to provide additional support from nurses, dietitians, exercise physiologists, pharmacists, health educators, and other health care professionals to help members better understand and manage their condition.

ConditionCare helps members manage:

- Asthma
- Chronic Obstructive Pulmonary Disease
- Coronary Artery Disease
- Heart Failure
- Low Back Pain
- Cancer
- Vascular At-Risk

Flexible Spending Accounts

A Flexible Spending Account (FSA) allows employees to use pre-tax money for qualified expenses.

The rising cost of health and dependent care (or day care) is encouraging more employees to take advantage of FSAs. You can save anywhere from 10% – 30% by using pre-tax money in an FSA to pay for health or dependent care expenses incurred during the plan year. Determine how much you anticipate spending on qualified expenses throughout the year and fund your FSA for that amount through bi-weekly pre-tax payroll deductions. You can then use those funds to pay for eligible expenses using a debit card at the time of service or by submitting a receipt after-the-fact.



Health Care FSA – used to pay for qualified medical, dental and vision expenses incurred by you and your dependents during the plan year. **Over-the-counter drugs are no longer covered without a prescription.** See box for examples of eligible expenses.

Note:

- Annual maximum contribution is \$2,550.
- Annual minimum contribution is \$100.
- You have access to your full annual contribution at any time during the plan year for qualified expenses incurred during the plan year.
- You cannot change your annual contribution amount during the plan year, so be conservative in determining the amount you decide to contribute.
- You have a 90-day grace period after year end to submit claims.

Dependent Care FSA – used to pay for qualified dependent child care or elder care expenses incurred during the plan year, to allow you (and/or your spouse if married) to work or go to school full-time.

Note:

- Annual maximum contribution is \$5,000 per household and \$2,500 per individual if married and filing separately.
- Annual minimum contribution is \$100.
- You **ONLY** have access to funds that have been withheld from your paycheck. If you submit receipts for a higher amount, you will be automatically reimbursed as future payroll deductions are deposited into your account.
- You have a 90-day grace period after year end to submit claims.



Health Care FSA Eligible Expenses

- Medical plan copays and deductible
- Prescription drugs
- Dental and orthodontia expenses
- Vision care expenses including lasik, glasses and contact lenses
- Tobacco cessation programs
- Infertility treatment
- Psychology and psychoanalysis medical expenses
- Medically necessary massage therapy
- Medically necessary weight-loss programs
- Services not covered under your health plan as long as medically necessary
- Medically necessary cosmetic surgery

Please refer to our plan document for a full list of eligible expenses and exclusions.

Dependent Care FSA Expenses:

- Care at licensed nursery school or day care facility
- Before and after school care for children 12 and under
- Day Camps
- Nannies and Au Pairs

Dependent Care Ineligible Expenses:

- Services provided by a family member
- Overnight camp expenses
- Babysitting expenses for time when you are not working or your spouse is not at school or working
- Late payment fees
- Tuition expenses for school

Important Rules Regarding FSAs

- Accounts are separate and you cannot co-mingle funds
- A maximum of \$100 may be rolled forward into the next plan year.
- Any monies in excess of \$100 at the end of the plan year will be forfeited.

Dental Plan

Good oral hygiene is part of a healthy lifestyle.

We offer two different Guardian dental plans at the same cost. The Value Plan provides the best value IF YOU STAY IN-NETWORK. The Network Access Plan provides a better benefit if you usually use out-of-network providers.

It's About More Than a Pretty Smile

Our oral health affects our ability to speak, smell, taste, chew, and swallow. However, oral diseases, which can range from cavities to oral cancer, cause pain and disability for millions of people each year.

Visit Your Dentist Regularly

Regular preventive visits to your dentist can help protect your health, and we are talking about more than just your mouth. Recent studies have linked gum disease to damage elsewhere in the body. According to the Centers for Disease Control and Prevention, there may be associations between oral infections and diabetes, heart disease, stroke, and preterm, low-weight births. Research is underway to further examine these connections.

Our plan covers preventive services at 100% in-network, with no deductible for preventive services. Plan members can visit a DentalGuard Preferred Provider every six months for an oral exam and the plan pays for 100% of preventive services. You can visit any dentist, however, STAY IN-NETWORK if you want the best value.

DENTAL		
	Value Plan	Network Access Plan
Calendar year Deductible	No deductible	\$50 individual \$150 family
Out-of-Network Reimbursement (In-network reimbursement is always paid at the contracted rate)	Members billed for charges above contracted rates	Members billed for charges above the 90th UCR amount
Preventive Services • Oral exams, dental cleanings and Fluoride (2 per year)	100%	100% no deductible
Basic Services • Denture adjustments, repairs to existing crowns, repairs to dentures and bridges, fillings, ViziLite Plus®, periodontal procedures, extractions and anesthesia (when medically necessary), and white resin fillings (for all teeth).	100%	80% after deductible
Major Services • Inlays, onlays, crowns, root canals, dentures, and bridges	60%	50% after deductible
Orthodontia (dependents up to age 19)	50% to \$1,500 lifetime maximum	50% to \$1,500 lifetime maximum (after \$50 deductible)
Maximum Annual Benefit (per individual per calendar year)	\$1,500	\$1,500

* ViziLite Plus assists dentists in the early detection of oral cancer.
Guardian's plan covers ViziLite Plus exams for members over the age of 40, once every two years.

Finding a Provider

Guardian's online DentalGuard Preferred Provider (PPO) Directory makes it easy to find in-network dentists. Just follow these easy steps:

1. Visit www.guardiananytime.com
2. Click on "Find a Provider" at the top of the page
3. Click on "Find a Dentist"
4. Under "Select Your Dental Plan," drop-down menu, choose the PPO Network.
5. Search for a network provider by location, dentist, or practice.
6. Enter your location and distance.
7. Select your Dental Network. Choose DentalGuard Preferred.
8. Select Type of Dentistry and Language preference.
9. Click Continue to display between 10 and 250 providers

To find out if your dentist is in-network, call 1.800.541.7846.

Dental Benefit Rollover Feature

Guardian automatically rolls over a portion of each member's unused annual maximum into that member's Maximum Rollover Account (MRA). The MRA can be used in future years, if a member reaches the plan's Annual Maximum. To qualify, a member must submit at least one claim during the calendar year and all member claims for the calendar year cannot exceed \$500. Members can rollover \$250 per year for a maximum rollover amount of \$1,000. That amount can be used in later years in addition to the maximum annual benefit. The employee and each dependent insured maintain separate MRAs based on their own claim activity.



EyeMed Vision Care

Taking care of your vision is important to your overall health.

EyeMed Vision Care members can take care of their vision and have routine eye exams, while saving money on all of their eye care needs. Employees and dependents are covered for free under Eyemed's Discount Plan or they can purchase the more robust Buy-Up Plan. To start using your benefit, visit www.eyemedvisioncare.com or call 1.866.723.0596 to locate a participating provider. For the Discount Plan, select "Access" network. For the Buy-Up Plan, select "Advantage" network.

Did you know?

Taking care of your vision can also mean early detection for symptoms of:

- Diabetes
- Hypertension
- High cholesterol
- Tumors
- Thyroid disorders
- Neurological disorders

A qualified vision care professional can help treat and manage:

- Cataracts
- Corneal diseases
- Diabetic retinopathy
- Eye infections
- Glaucoma
- Macular degeneration

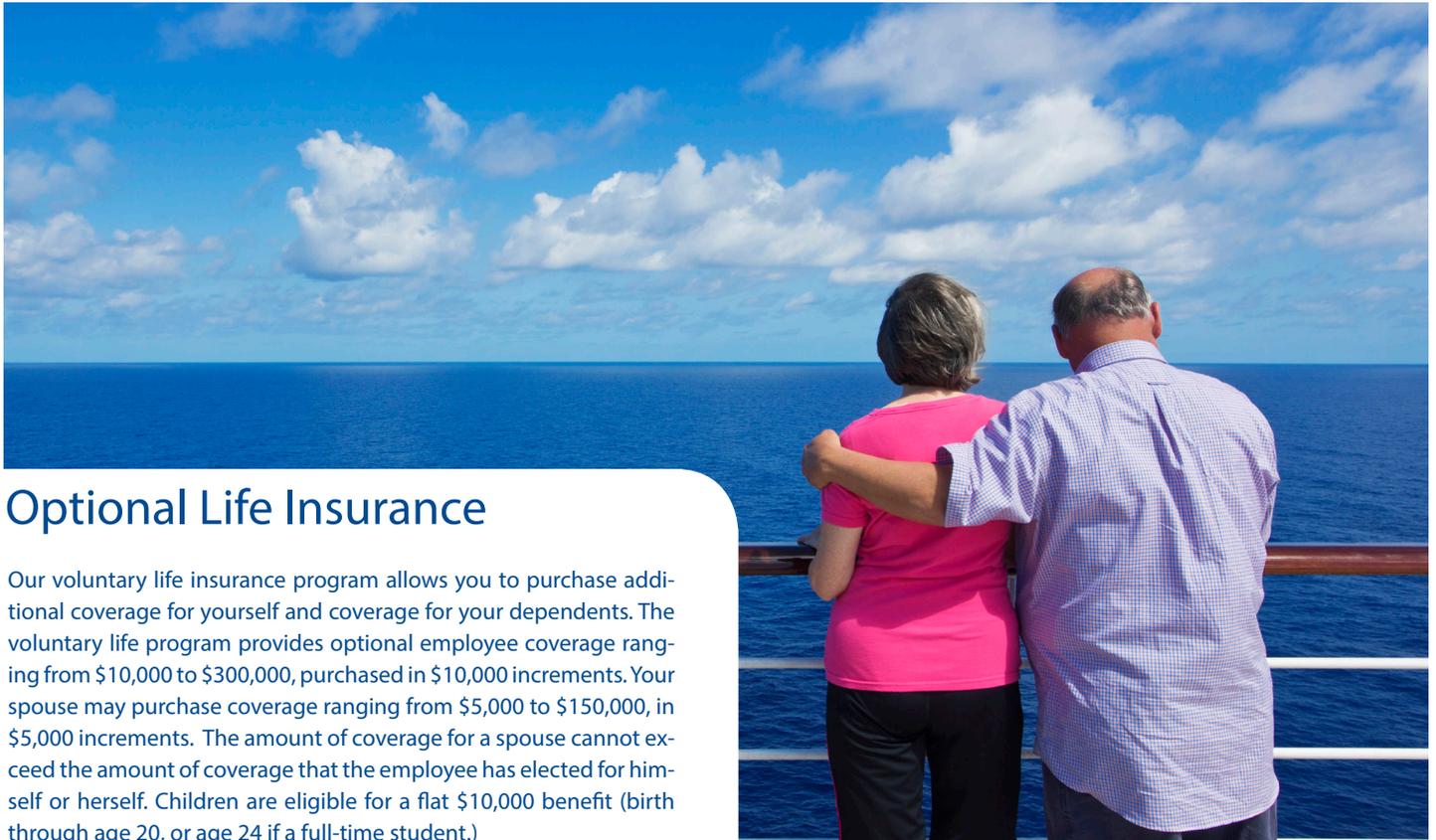


VISION

	Discount Plan (in-Network)	Buy-Up Plan (in-Network)
Exam	\$5 off routine exam \$5 off contact lens exam	\$10 copay
Standard Plastic Lenses		
• Single Vision	\$50	\$25
• Bifocal	\$70	\$25
• Trifocal	\$105	\$25
Frames (any frame available at provider location)	35% off retail	\$120 allowance plus 20% of remaining balance over \$120
Lens Options	(paid by member and added to the base price of lens)	
• UV Coating	\$15	\$12
• Tint (solid and gradient)	\$15	\$12
• Standard Scratch Resistance	\$15	\$12
• Standard Polycarbonate	\$40	\$35
• Standard Progressive (add on to bifocal)	\$65	\$85
• Standard Anti-Reflective Coating	\$45	\$40
• Other Add-Ons and Services	20% off retail price	30% off retail price
Contact Lenses	(covers materials only)	(In lieu of frames and lenses - includes fit, follow-up and materials)
• Conventional	15% off retail price	\$135 allowance, 15% off balance over \$135
• Disposables	Not covered	\$135 allowance
• Medically Necessary	N/A	\$0 copay, Paid in Full
• Contact lenses fitting	Not covered	\$40 copay
Laser Vision Correction	5% off promotional price or	5% off promotional price or
Lasik or PRD from U.S. Laser Network	15% off retail price	15% off retail price
Frequency		
• Examination	Unlimited	Once every 12 months
• Frame	Unlimited	Once every 24 months
• Lenses and Contact Lenses	Unlimited	Once every 12 months

Life Insurance and AD&D

The City pays for a life insurance benefit of three times annual earnings up to \$600,000 for all full-time employees and an additional benefit of three times salary up to \$600,000 in AD&D insurance.



Optional Life Insurance

Our voluntary life insurance program allows you to purchase additional coverage for yourself and coverage for your dependents. The voluntary life program provides optional employee coverage ranging from \$10,000 to \$300,000, purchased in \$10,000 increments. Your spouse may purchase coverage ranging from \$5,000 to \$150,000, in \$5,000 increments. The amount of coverage for a spouse cannot exceed the amount of coverage that the employee has elected for himself or herself. Children are eligible for a flat \$10,000 benefit (birth through age 20, or age 24 if a full-time student.)

Why Buy Life Insurance?

Life insurance provides a lump sum cash benefit to surviving dependents to cover immediate expenses such as funeral expenses or ongoing living expenses. Life insurance benefits often help survivors adjust to the loss of income related to the death of a wage earner or provide funds for college or retirement for the survivors.

Waiver of Premium

If an insured employee becomes totally disabled (unable to work at any job) prior to age 60, insurance will remain in force during that disability without further payment of premiums until age 65, at which time coverage will terminate.

What is Evidence of Insurability?

Our carrier guarantees that all employees will be able to purchase life insurance coverage up to \$50,000 for themselves and \$15,000 for their spouse during New Hire enrollment. To purchase voluntary life coverage above those amounts, the carrier requires Evidence of Insurability. If

you or your dependents have medical conditions that make it difficult to purchase life insurance on your own, understanding Evidence of Insurability and the guaranteed issue amount is important.

Providing Evidence of Insurability means you will need to complete a medical questionnaire, obtain a physical (at the carrier's request), and receive carrier approval before your insurance takes effect. Life insurance enrollment time frames are limited as detailed below:

- **New Hires** – You may apply for coverage up to \$50,000 for yourself and \$15,000 for your spouse through the normal enrollment process. To purchase coverage above that, you will be required to provide Evidence of Insurability.
- **Marriage, Adoption or Birth** – If you are already enrolled in employee life insurance you can enroll new dependents as long as you follow normal Life Status Change deadlines. If you wish to increase your employee life amount above \$50,000 or spouse coverage above \$15,000, you must complete the Evidence of Insurability Form and submit it within the normal Life Status Change deadlines.

Disability

One third of all Americans between the ages of 35 and 65 will become disabled for more than 90 days, according to the American Council of Life Insurers. The City pays for employees' short-term and long-term disability insurance, which provides income continuation if you are ever unable to work due to an accident or illness. The disability benefit is based on your annual salary. The salary calculation is based on 42 hours per week for applicable employees.



Short-Term Disability (up to 90 days)

Your short-term disability insurance provides coverage of 60% of gross wages up to a maximum of \$2,500 per week for a qualified disability. Benefits are payable on the 8th day of a disability or illness for a maximum of 90 days. Pregnancy is covered under short-term disability the same as any other disability.

Long-Term Disability (beyond 90 days)

Your long-term disability benefit provides a benefit of 60% of your monthly salary up to a maximum of \$10,000 per month after 90 consecutive days of total disability. This is a gross-up plan which means employees are taxed on the premium, but if you go out on disability the benefit you would receive would be tax free.

If you were disabled and unable to work, how would you pay your bills?

Disability Insurance provides income protection to insure that you have a consistent flow of income if you are unable to work for an extended period of time due to a disabling illness or injury.

If you suffer from an illness or injury and are unable to work, do you know how you will pay your rent or mortgage, car payments, utilities, and health insurance? The loss of income can be so devastating that the U.S. Department of Housing and Urban Development estimates that 46% of all home foreclosures are caused by a disability.

If you are like most Americans, your monthly expenses eat up most of your paycheck and little is left for saving. If you worry that you haven't set aside a big enough emergency fund, then this benefit should help you sleep better at night.



Retirement Savings Plans

The City provides employees with a comprehensive retirement program consisting of a 457(b) plan, a 401(a) plan, and a Social Security replacement plan administered by OneAmerica.

The 457(b) plan allows employees to defer part of their pay on a tax-deferred basis into the investment of their choice.

- **Salary Deferral Contributions:** You may contribute from 1% to 100% of your pay each pay period. Your taxable income is reduced by the amount you contribute through salary deferral. Your total salary deferral and employer contributions may not exceed \$18,000 for 2016.
- **Catch-Up Contributions:** If you are age 50 or older by December 31st, you may contribute a catch-up contribution of up to \$6,000 for 2016.
- **Vesting:** You are always 100% vested in the contributions YOU choose to defer.
- **Investments:** Contributions are automatically directed to the plan's investment default if you do not choose any investment options.
- **When You Receive Benefits:** Termination of employment, retirement (at any age), disability, death, or Plan termination.

The City will contribute the equivalent of 10% of your compensation each pay period to your 401(a) plan.

- **Vesting:** You will be 100% vested in the contributions after completing one year of service with the City.
- **Investments:** Contributions will be automatically directed to the plan's investment default if you do not select investment options.
- **When You Receive Benefits:** Termination of employment, age 59 ½ and still working, retirement (age 60), disability, or death.

The City also contributes the Social Security withholding amount (6.2% for 2016) for each eligible employee into a Target Date Fund. All Participants shall at all times be fully vested in their Social Security replacement plan.



Contact OneAmerica's Participant Service Center at 1.800.249.6269.

Housing Reimbursement Program

The housing reimbursement program provides additional compensation as reimbursement to eligible employees of the City of Dunwoody to reside within the City limits. Eligible employees are defined as employees who are Uniformed Officers of the City of Dunwoody Police Department, including Police Officers, Detectives, Sergeants, Lieutenants, the Deputy Chief and the Chief of Police. Housing reimbursement is for the rent or payment of mortgage for a single family home, condominium, apartment or any unit suitable for housing one family. The allowance amount is \$300 per month (\$3,600 per year), subject to annual appropriation each year on a first-come, first-served basis. See Human Resources for more information.

Travel Assistance Program

The travel assistance program is provided free by the City and is administered through Standard Insurance Company and MedEx. The plan provides many benefits related to travel including, but not limited to, pre-trip assistance, medical assistance while traveling, emergency transportation, and legal services. Employees and their family members are eligible for the program. Employees will receive a wallet card that lists the contact information for MedEx. Support is available 24 hours a day, 365 days a year.

Education Assistance Program

To encourage employees to continue their education and improve their job skills, the City offers an education assistance program. The City reimburses regular, full-time employees for tuition, lab fees, and textbooks associated with coursework that meets the requirements of the program. The current annual allotment is \$3,000 per employee for Associate or Bachelor degree programs and \$4,000 per employee for Master degree programs. Please see Human Resources for more information.

Supplemental Insurance Policies

The City currently makes available the opportunity for employees to purchase supplemental insurance policies through Allstate that can be paid for through payroll deduction. The current policies are the Group Accident Insurance Plan and the Group Cancer Insurance Plan. For more information, please see Human Resources.

NOTICES: CHILDREN'S HEALTH INSURANCE

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2014. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-855-692-5447	Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
ALASKA – Medicaid	
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
ARIZONA – CHIP	FLORIDA – Medicaid
Website: http://www.azahcccs.gov/applicants Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: https://www.flmedicaidtprecovery.com/ Phone: 1-877-357-3268
	GEORGIA – Medicaid
	Website: http://dch.georgia.gov/ Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150

NOTICES: CHILDREN'S HEALTH INSURANCE

IDAHO – Medicaid	MONTANA – Medicaid
Medicaid Website: http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx Medicaid Phone: 1-800-926-2588	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084
INDIANA – Medicaid	NEBRASKA – Medicaid
Website: http://www.in.gov/fssa Phone: 1-800-889-9949	Website: www.ACCESSNebraska.ne.gov Phone: 1-800-383-4278
IOWA – Medicaid	NEVADA – Medicaid
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900
KANSAS – Medicaid	
Website: http://www.kdheks.gov/hcf/ Phone: 1-800-792-4884	
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: http://www.dhhs.nh.gov/oi/documents/hippapp.pdf Phone: 603-271-5218
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-695-2447	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-977-6740 TTY 1-800-977-6741	
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120	Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100

NOTICES: CHILDREN'S HEALTH INSURANCE

MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
OREGON – Medicaid	VERMONT– Medicaid
Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.dpw.state.pa.us/hipp Phone: 1-800-692-7462	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
RHODE ISLAND – Medicaid	WASHINGTON – Medicaid
Website: www.ohhs.ri.gov Phone: 401-462-5300	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-800-562-3022 ext. 15473
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: www.dhhr.wv.gov/bms/ Phone: 1-877-598-5820, HMS Third Party Liability
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.gethiptexas.com/ Phone: 1-800-440-0493	Website: http://health.wyo.gov/healthcarefin/equalitycare Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2014, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
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
1-877-267-2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 10/31/2016)

NOTICES: MODEL CREDITABLE COVERAGE

Important Notice from City of Dunwoody 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 City of Dunwoody 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. City of Dunwoody has determined that the prescription drug coverage offered by the Blue Cross Blue Shield HMO, POS and PPO is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

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

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

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

If you decide to join a Medicare drug plan, your current City of Dunwoody coverage will not be affected. The Blue Cross Blue Shield HMO, POS and PPO Medical plans at the City of Dunwoody offers Tier 1 drugs at a \$15 Copay, Tier 2 drugs at a \$35 Copay, and Tier 3 drugs at a \$60 Copay. For Tier 4 the member pays 20% up to \$200 max per Rx. All prescriptions must be covered by the BCBS drug formulary. If you keep the City of Dunwoody coverage and enroll in Medicare Part D, both plans will coordinate coverage. The City of Dunwoody plan with BCBS will be primary.

Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.]

If you do decide to join a Medicare drug plan and drop your current City of Dunwoody coverage, be aware that you and your dependents will only be able to get this coverage back at open enrollment.

NOTICES: MODEL CREDITABLE COVERAGE

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 City of Dunwoody 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 the City of Dunwoody 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.

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

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

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

Date: November 1st 2015
Name of Entity/Sender: Nicole Stojka
Contact--Position/Office: Human Resources Director
Address: 41 Perimeter Center East, Ste. 250
Dunwoody, GA 30346
Phone Number: 678-382-6755

IMPORTANT CONTACT INFORMATION

Flexible Spending Accounts

- Medcom
www.emedcom.net
1.800.523.7542

Medical Plans

- Blue Cross Blue Shield of Georgia
Group #: GA6806
www.bcbsga.com
1.855.397.9267

Dental Plan

- Guardian
Group #: 452860
www.guardiananytime.com
1.800.541.7846

Vision Plan

- EyeMed
Group #: 9746157
www.eyemedvisioncare.com
1.866.9EYEMED

Life Insurance

- Standard
Group #:147285
www.standard.com
1.800.628.8600

Long-Term Disability

- Standard
Group #:147285
www.standard.com
1.800.368.1135

Short-Term Disability

- Standard
Group #:147285
www.standard.com
1.800.368.2859

EAP

- Bensinger, DuPont & Associates
www.eapbda.com
1.888.293.6948

Travel Assistance

- MedEx
operations@medexassist.com
1.800.527.0218

Retirement

- David T. Griffin
Director, Institutional Retirement Plans
Atlanta Retirement Partners | LPL Financial
Office: 404.814.0141
Mobile: 678.557.7981
david.griffin@lpl.com

Supplemental Products

- Allstate
Account #: 19795
Customer Service: 678.888.0848
800.521.3535

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