

SPALDING COUNTY GEORGIA



Employee Benefits Handbook

Plan Year July 1, 2016 thru June 30, 2017

Enroll Online at www.eelect.com

Enrollment ID = 90290

Employee ID = SSN

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This booklet is a summary only. Please refer to each plan's certificate of coverage / plan document for a complete description of all benefits and exclusions. If there is any difference between the information provided in this booklet and any certificate of coverage / plan document, the certificate of coverage / plan document will govern. Copies of all certificates of coverage / plan documents are available at the Human Resources department. In the event that some information changes, you will receive notice about the changes prior to the annual Open Enrollment. If you are a new employee, this information will help you to understand the benefit options available to you. If you're already covered by any of the benefit plans, you may refer to this booklet throughout the year as you use your benefits. This booklet also provides information regarding your COBRA rights and responsibilities.

ELIGIBILITY

Newly hired Full-time employees are eligible for benefits on the first day of the month following 30 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.

CHANGES

Pre-Tax Deduction of Premiums (Section 125 Plan) - Medical, dental and vision insurance premiums are all deducted (if you have elected deductions) from your pay on a pre-tax basis (exempt from FICA, Federal and State tax) which in turn provides significant cost savings. This will continue and does not require any action on your part unless you desire to make changes. You will be able to make changes on any of your elections during the open enrollment period. Your selections cannot be changed until next year unless the revocation and new election are due to and consistent with a valid status change (e.g., marriage, divorce, death of a spouse or child, birth or adoption of a child or change of employment of your spouse as detailed in the Section 125 Regulations).

If you have a status change during the year you must notify Human Resources within 30 days. Any request to make changes after 30 days will not be allowed until the next annual open enrollment. Please contact Human Resources at (770) 467-4231 if you have any questions regarding the open enrollment period or changes.

MESSAGE FROM CHAIRMAN RITA JOHNSON



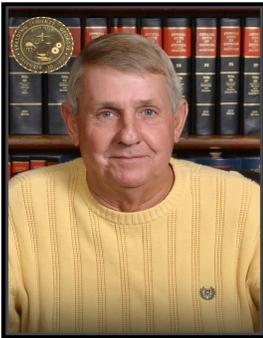
To: All Full Time Employees
From: Spalding County Commissioners
Subject: Employee Benefits

The Spalding County Board of Commissioners appreciates the hard work and dedication of our employees to make Spalding County a great place to work and live. A quality, comprehensive benefits package is a critical component to help Spalding County retain skilled and seasoned employees as well as recruit new talent when needed.

Please review this Employee Benefits Handbook carefully and contact Human Resources with any questions. The booklet is filled with many benefit plans and programs that could be a benefit to you and your family.

Rita Johnson
Chairman
Spalding County Board of Commissioners

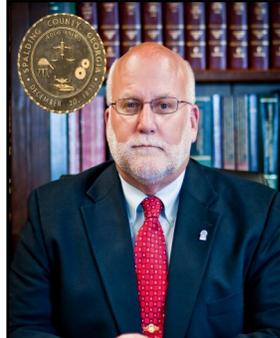
SPALDING COUNTY COMMISSIONERS



Bart Miller
(Vice-Chairman)
District 4



Gwen Flowers-Taylor
District 1



Raymond Ray
District 2



Don Hawbaker
District 5

Spalding County is governed by an elected five-member Board of Commissioners, each Commissioner representing a different geographic district of Spalding County. The Board of Commissioners are charged with establishment of Ordinances and Policies relating to operation of the County government. In addition the Board of Commissioners will act on citizen requests such as zoning matters. The Spalding County Chairman and Vice Chairman positions are elected by the Board of Commissioners and are voted on annually. The first official act of the Board of Commissioners at the first public meeting of each year is to elect a Chairman and Vice Chairman.

MEDICAL BENEFIT SUMMARY



Spalding County offers a BlueCross and BlueShield of Georgia health plan option. The Plan is an Open Access POS Gold plan. You are not required to name a primary care physician (PCP) or obtain referrals to visit a specialist physician. This plan offers an out-of-network benefit however; you receive the best value by staying in network.

IN-NETWORK	POS GOLD
Individual Annual Deductible	\$1,500
Family Annual Deductible	\$3,000
Co-Insurance	Member pays 10% / Plan pays 90%
Individual Out-of-Pocket Maximum	\$3,750
Family Out-of-Pocket Maximum	\$7,500
Lifetime Maximum	Unlimited
Physician Copay (PCP)	\$25
Specialist Physician Copay	\$35
Preventive Care Office Visits*	Plan pays 100%
LiveHealth Online	\$10
Outpatient Facility Services	Member pays 10% after deductible
Urgent Care Copay	\$60
Emergency Room Copay (waived if admitted)	\$150 copay then member pays 10%
*Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.	
OUT-OF-NETWORK	POS GOLD
Individual Annual Deductible	\$3,000
Family Annual Deductible	\$6,000
Co-Insurance	Member pays 40% / Plan pays 60%
Individual Out-of-Pocket Maximum	\$9,000
Family Out-of-Pocket Maximum	\$18,000
PRESCRIPTION DRUG COPAYMENTS	POS GOLD
Deductible (Does not apply to Tier 1 Retail or Tier 1 Home Delivery)	\$200
Retail Drugs - Tier 1 (30 day supply)	\$10
Retail Drugs - Tier 2 (30 day supply)	\$30
Retail Drugs - Tier 3 (30 day supply)	\$60
Retail Drugs - Tier 4 (30 day supply)	Member pays 20% up to \$300 per script
Home Delivery Maintenance Drugs - Tier 1 (90 day supply)	\$10
Home Delivery Maintenance Drugs - Tier 2 (90 day supply)	\$60
Home Delivery Maintenance Drugs - Tier 3 (90 day supply)	\$120
Home Delivery Maintenance Drugs - Tier 4 (30 day supply)	Member pays 20% after deductible, up to \$300 per script

Unless otherwise indicated in the Certificate Booklet, each retail prescription has a 30-day supply limit and each mail order maintenance prescription has a 90-day supply limit. Prescriptions must be written by a network physician or an emergency room physician.

EMPLOYEE MEDICAL DEDUCTIONS

Semi- Monthly (24 deductions per Year)

MEMBERS COVERED	POS GOLD
Employee Only	\$ 25.70
Employee + 1 Dependent	\$169.00
Employee + 2 or More Dependents	\$200.00



MEDICAL BENEFIT SUMMARY

		POS GOLD	
		In-Network	Out-of-Network
Covered Services			
Benefit Period Deductible	Employee Family	\$1,500 \$3,000	\$3,000 \$6,000
Coinsurance		Member pays 10% Plan pays 90%	Member pays 40% Plan pays 60%
Benefit Period Out-of-Pocket Max.	Employee Family	\$3,750 \$7,500	\$9,000 \$18,000
(Includes benefit period deductible)			
*Deductible and out-of-pocket maximums are added separately for in-network and out-of-network services. One family member may reach his or her individual deductible and be eligible for coverage on health care expenses before other family members. Each family member's deductible amount also goes toward the family deductible and out-of-pocket maximum. Not everyone has to meet his or her deductible and out-of-pocket maximum for the family to meet theirs. When the family deductible is met, all family members can access coverage for health care expenses. The following do not apply to out-of-pocket maximums: non-covered items and plan premiums. The medical copayments on this plan will apply toward the out-of-pocket maximums.			
Lifetime Maximum		Unlimited	Unlimited
Preventive Care			
Routine Preventive Care – All Ages (preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits) Well-child care, immunizations Periodic health examinations Annual gynecology examinations Prostate Screenings		Member pays 0% no plan deductible	Member pays 30% after deductible (Deductible waived through age 5)
Physician Services			
Physician Office Visits for Illness and Injury (including labs, x-rays, and diagnostic procedures and office surgery) Primary Care Physician (PCP)* OB/GYN Specialist Physician *Also applies to services rendered at Retail Health Clinics		\$25 copay \$25 copay \$35 copay	Member pays 40% after deductible
Maternity Physician Services 1 st Prenatal visit Global obstetrical care (prenatal, delivery, and postpartum services)		\$25 copay Member pays 10% after deductible	Member pays 40% after deductible
Telemedicine Services		\$25 copay (PCP) \$35 copay (Specialist)	Member pays 40% after deductible
LiveHealth Online – Online Physician Visit		\$10 copay	Member pays 40% after deductible
Allergy Services Office visits, testing, and the administration of allergy injections and allergy injection serum		\$25 copay (PCP) \$35 copay (Specialist)	Member pays 40% after deductible
Therapy Services			
Office Therapy Services Physical therapy and Occupational therapy: 20-visit benefit period maximum combined Speech therapy: 20-visit benefits period maximum Chiropractic Care/Manipulation therapy: 20-visit benefit period maximum		\$25 copay	Member pays 40% after deductible
Other Therapy Services (chemotherapy, radiation therapy, cardiac rehabilitation [36-visit benefit period max.] and respiratory / pulmonary therapy)		Member pays 10% after deductible	Member pays 40% after deductible
Advanced Diagnostic Imaging			
MRI, MRA, CT Scans and PET Scans		Member pays 10% after deductible	Member pays 40% after deductible
Emergency / Urgent Care			
Urgent Care Services		\$60 Copay	Member pays 40% after deductible
Emergency Room Services Life-threatening illness or serious accidental injury only The ER copayment will be waived if admitted to the hospital		\$150 copay; then member pays 10%	\$150 copay; then member pays 10%

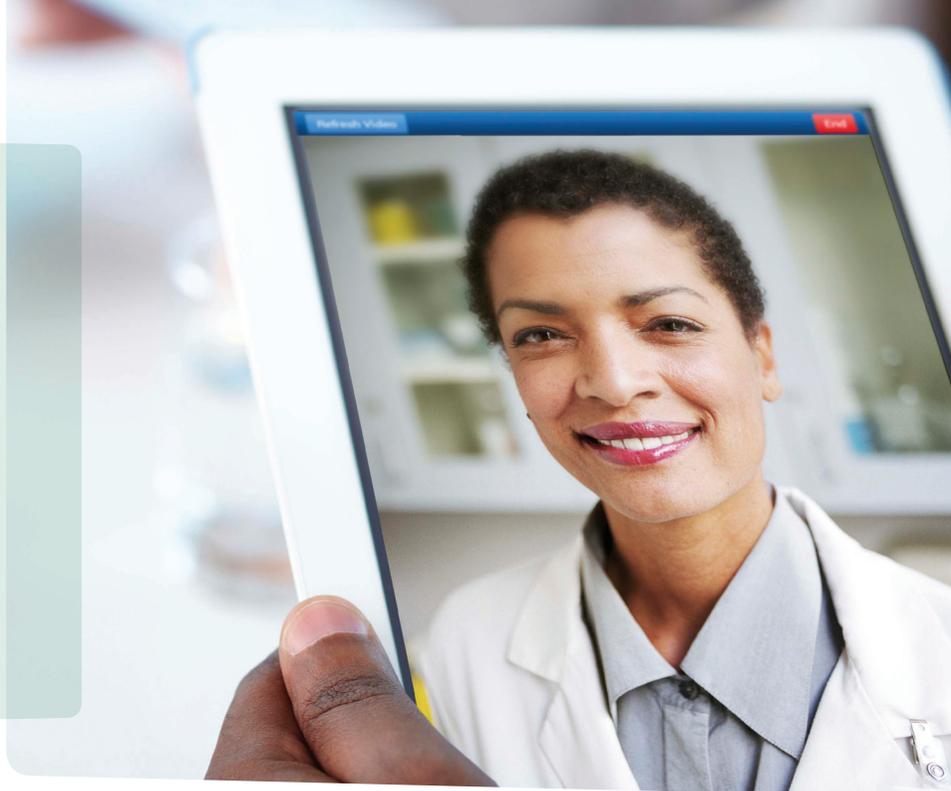
MEDICAL BENEFIT SUMMARY



	POS GOLD	
	In-Network	Out-of-Network
Outpatient		
Outpatient Facility Services Surgery facility/hospital charges Diagnostic x-ray and lab services Physician services (anesthesiologist, radiologist, pathologist)	Member pays 10% after deductible	Member pays 40% after deductible
Inpatient		
Inpatient Facility Services Daily room, board and general nursing care at semi-private room rate, ICU/CCU charges; other medically necessary hospital charges such as diagnostic x-ray and lab services; newborn nursery care Physician services (anesthesiologist, radiologist, pathologist)	Member pays 10% after deductible	Member pays 40% after deductible
Other Health Care Facilities / Services		
Skilled Nursing Facility, Sub-Acute Facility • 150-day benefit period maximum	Member pays 10% after deductible	Member pays 40% after deductible
Mental Health/Substance Abuse Services (*services must be authorized by calling 1-800-292-2879) Inpatient mental health and substance abuse services* (facility and physician fee) Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP)* (facility and physician fee) Office mental health and substance abuse services(physician fee) Outpatient mental health and substance abuse services (physician fee)	Member pays 10% after deductible Member pays 10% after deductible \$25 Copay Member pays 10% after deductible	Member pays 40% after deductible
Home Health Care 100-visit benefit period maximum	\$25 Copay	Member pays 40% after deductible
Hospice Care Services Inpatient and outpatient services covered under the hospice treatment program	Member pays 0% (no deductible)	Member pays 30% after deductible
Durable Medical Equipment	Member pays 10% after deductible	Member pays 40% after deductible
Ambulance Services (covered when medically necessary)	Member pays 10% after deductible	Member pays 10% after deductible
Prescription Drugs		
Note: If a member receives a brand name drug that falls on Tier 3 that has a generic equivalent available, the member pays the Tier 1 copay, plus the difference in cost between the brand drug and generic drug. This applies even when physician indicates DAW (dispense as written)		
Retail and Home Delivery maintenance drug coverage is provided at one of four tier levels in accordance with the Formulary Drug List. Members must file a claim form for reimbursement when using an out-of-network pharmacy. Specialty drugs can only be obtained from a Specialty Pharmacy.		
Prescription Deductible (Does not apply to Tier 1 Retail or Tier 1 Home Delivery)	\$200	
Retail Drugs – Tier 1 (30 day supply)	\$10 copay	
Retail Drugs – Tier 2 (30 day supply)	\$30 copay	
Retail Drugs – Tier 3 (30 day supply)	\$60 copay	
Retail Drugs – Tier 4 (Specialty Drugs) (30 day supply)	Member pays 20% after deductible, up to \$300 maximum per prescription fill	
Home Delivery Maintenance Drugs – Tier 1 (90 day supply)	\$10 copay	
Home Delivery Maintenance Drugs – Tier 2 (90 day supply)	\$60 copay	
Home Delivery Maintenance Drugs – Tier 3 (90 day supply)	\$120 copay	
Home Delivery Maintenance Drugs – Tier 4 (Specialty Drugs) (30 day supply)	Member pays 20% after deductible, up to \$300 maximum per prescription fill	

LiveHealth Online

Quick and easy access
to a doctor 24/7



Have you ever been at work and didn't feel well? Maybe you had a fever or a sore throat but you didn't have time to leave and see your doctor or go to urgent care. Now, with LiveHealth Online, you can see a board-certified doctor in minutes.

Just use your smartphone, tablet or computer with a webcam. It's so convenient, almost 90% of people who've used it feel they saved two hours or more and would use it again in the future.¹ Plus, online visits using LiveHealth Online are already part of your Blue Cross and Blue Shield of Georgia benefits. To start using LiveHealth Online, all you need to do is sign up at livehealthonline.com or download the app.

Sign up for free today and get:

- 1. 24/7 access to doctors.** They can assess your condition, provide treatment options and even send a prescription to the pharmacy of your choice, if needed.² It's a great way to get care when your doctor isn't available.
- 2. Medical care when you need it.** For things like the flu, a cold, sinus infection, pink eye, rashes, fever and more.
- 3. Convenience.** Since there are no appointments or long waits. In fact, most people are connected to a doctor in about 10 minutes or less.

Doctors using LiveHealth Online typically charge \$49 or less per visit, depending on your health plan.

LiveHealth Online Psychology

An easy, convenient way to see a therapist or psychologist in just a few days

If you're feeling stressed, worried, or having a tough time, you can talk to a licensed psychologist or therapist through video using LiveHealth Online Psychology. It's easy to use, private and, in most cases, you can see a therapist within four days or less.³ All you have to do is sign up at livehealthonline.com or download the app to get started. The cost is similar to what you'd pay for an office therapy visit.

Make your first appointment – when it's easy for you

- Use the app or go to livehealthonline.com and log in. Select **LiveHealth Online Psychology** and choose the therapist you'd like to see.
- Or, call LiveHealth Online at **1-844-784-8409** from 7 a.m. to 11 p.m.
- You'll get an email confirming your appointment.



LiveHealth
O N L I N E

LiveHealth Online: what you need to know

What kind of doctors can you see on LiveHealth Online?

Doctors on LiveHealth Online are:

- Board certified with an average of 15 years of practicing medicine
- Mainly primary care physicians
- Specially trained for online visits

When can you use LiveHealth Online?

LiveHealth Online is a great option for care when your own doctor isn't available and more convenient than a trip to the urgent care. With LiveHealth Online, you can receive medical care for things like:

- Cold and flu symptoms, such as a cough, fever and headaches
- Allergies
- Sinus infections and more

How do I pay for an online visit using LiveHealth Online?

LiveHealth Online accepts Visa, MasterCard and Discover cards as payment for an online doctor visit. Keep in mind that charges for prescriptions aren't included in the cost of your doctor visit.

LiveHealth Online Psychology

What conditions can be treated when you have a visit with a psychologist or therapist?

You can get help for these types of conditions:

- Stress
- Anxiety
- Depression
- Family or relationship issues
- Grief
- Panic attacks
- Stress from coping with a sickness



How much does a therapist visit cost?

The cost should be similar to what you'd pay for an office therapy visit, depending on your benefits, copay or coinsurance. You'll see what you owe before you start a visit and any cost is charged to your credit card. The cost is the same no matter when you have the visit — whether it's a weekday, the weekend, evening or a holiday.

How do I decide which therapist to see?

After you log in at livehealthonline.com or with the app, select **LiveHealth Online Psychology**. Next, you can read profiles of therapists and psychologists. Once you select the one you would like to see, schedule a visit online or by phone. At the end of the first visit, you can set up future visits with the same therapist if both of you feel it's needed. You always have the choice of the therapist you want to see.

What else do I need to know about LiveHealth Online Psychology?

- You must be at least 18 years old to see a therapist online and have your own LiveHealth Online account.
- Psychologists and therapists using LiveHealth Online do not prescribe medications.
- Visits usually last about 45 minutes.

Get started today

It's quick and easy to sign up for LiveHealth Online. Just go to livehealthonline.com or download the mobile app at [Google Play™](https://play.google.com/store/apps/details?id=com.livehealthonline) or the [App StoreSM](https://apps.apple.com/us/app/livehealth-online/id1450444444).

LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Blue Cross and Blue Shield of Georgia. Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 1-800-784-2433 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

1 LiveHealth Online user feedback survey, May 2015.

2 Prescription availability is defined by physician judgment and state regulations. LiveHealth Online is available in most states and is expected to grow more in the near future. Please visit the map at livehealthonline.com for more details.

3 Appointments subject to availability of a therapist.

Blue Cross and Blue Shield of Georgia, Inc. and Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.





DENTAL BENEFIT SUMMARY

BCBSGA NETWORK	BCBSGA DENTAL PPO	
BENEFITS	IN-NETWORK	OUT-of-NETWORK
Calendar year Maximum Class I, II and III Expenses	\$1,500	\$1,500
Calendar Year Deductible • Per Individual • Per Family	\$50 \$150	\$50 \$150
Class I Expenses - Preventive & Diagnostic Care • Oral Exams • Non-routine X-Rays • Cleanings • Routine X-Rays • Fluoride Application • Sealants • Space Maintainers (limited to non-orthodontic treatment)	100% No Deductible	100% No Deductible
Class II Expenses - Basic Restorative Care • Fillings • Emergency Care to Relieve Pain • Oral Surgery, Simple Extractions • Minor Periodontics • Root Canal Therapy / Endodontics • Major Periodontics • Anesthetics • Oral Surgery, All Except Simple Extractions • Surgical Extraction of Impacted Teeth • Repairs - Dentures	80% After Deductible	80% After Deductible
Class III Expenses - Major Restorative Care • Crowns / Inlays / Onlays • Implants • Dentures • Bridges • Histopathologic Exams • Relines, Rebases and Adjustments • Repairs, Bridges Crowns and Inlays	50% After Deductible	50% After Deductible
Class IV Expenses - Orthodontia • Coverage for eligible children only • Lifetime Maximum	50%, No Separate Deductible \$1,000	50%, No Separate Deductible \$1,000
Missing Tooth Provision	Teeth missing prior to coverage under the BCBSGA Dental plan are not covered	
Pre-Treatment Review	Available on a voluntary basis when extensive work in excess of \$500 is proposed.	
Out-of-Network Reimbursement	90 th Percentile	

EMPLOYEE DEDUCTIONS

Semi-Monthly (24 / year)

MEMBERS COVERED	EMPLOYEE COST
Employee Only	\$ 0.00
Employee + One Dependent	\$14.11
Employee + 2 or More Dependents	\$28.20



Better understand the costs for your dental care.

You can make better decisions about your dental care when you have a better understanding of your treatment options and costs. That's why Blue Cross and Blue Shield of Georgia's (BCBSGa) Dental Care Cost Estimator is such a valuable tool.

Understand your costs ahead of time

This user-friendly, web-based tool provides estimates for common dental procedures and treatments, giving BCBSGa members even more opportunities to understand their dental care costs prior to receiving their care.

How it works

It takes only 3 steps to get cost estimates for specific dental treatments.

1. Log in to the BCBSGa Dental Member Services portal at bcbsga.com/mydental for our Dental Prime, Dental Complete and Smart Access plans.
2. Select "Dental Care Cost Estimator" from the menu.
3. Begin your search.

- A** Enter your dentists' ZIP code
- B** Enter either a keyword (e.g. cleaning), a dental procedure code or select a dental procedure category

Procedure Fee Tool

ESTIMATE DENTAL COSTS

Use the Procedure Fee Tool to find approximate costs that may be charged for dental procedures in a zip code area. The costs displayed give you an idea of what the provider may charge. The insurance company will determine the insurance benefits based on the dentist's actual fee and the terms of the employer's group insurance policy.

Step 1 **A** Enter a ZIP Code where the provider is located. If not sure, enter your home ZIP Code.

Step 2 **B** Enter a Keyword (e.g., cleaning) or Dental Procedure Code (e.g., D1110)

(If entering a Dental Procedure Code, be sure to include the letter "D" at the beginning, for example D2140).

OR

Select a Dental Procedure Category from the following list:

Select a Category **B**

- Diagnostic Services
- Preventive Care
- Fillings & Inlays
- Crowns & Bridges
- Endodontics (root canals)
- Periodontics
- Dentures
- Implants
- Oral Surgery
- Others

To see results click the **Start Search** button.

Terms & Conditions | Privacy Policy

Fee information provided in partnership with FAIR Health

Your search results will display 2 cost estimates.

- 1** "Fee Range" – This is a range of fees that dentists in the ZIP code provided charge for a procedure.
- 2** "In-Network Fee" – The specific cost for the procedure charged by participating Dental Prime, Dental Complete and Smart Access network dentists in that ZIP code.

Procedure Code† (CDT-14)	Category	Description	Fee Range * 1	In-Network Fee 2
D1110	Preventive	Teeth cleaning, adult	\$87 - \$97	\$59
D1120	Preventive	Teeth cleaning, child	\$64 - \$69	\$41
D1330	Preventive	Oral hygiene instruction	\$60 - \$60	\$23
D1351	Preventive	Pit & fissure sealant	\$55 - \$66	\$31
D1510	Preventive	Space maintainer, fixed, unilateral	\$318 - \$355	\$203
D1515	Preventive	Space maintainer, fixed, bilateral	\$485 - \$540	\$348
D1520	Preventive	Space maintainer, removable, unilateral	**	\$257
D1525	Preventive	Space maintainer, removable, bilateral	\$490 - \$554	\$353
D1550	Preventive	Space maintainer recementation	\$71 - \$94	\$45
D1555	Preventive	Removal of fixed space maintainer	\$66 - \$77	\$45
D1206	Preventive	Flouride Application - mod to high risk	\$39 - \$54	\$22
D1310	Preventive	Nutritional counseling to control dental disease	\$23 - \$23	\$23

Get the final details from your dentist

Your BCBSGa dental benefits may pay a portion of treatment cost, and you may also be required to pay a portion of the cost yourself. As always, talk with your dentist and have them provide detailed costs for your treatment including how much is covered by insurance and how much you will need to pay.

Log in to the BCBSGa Dental Member Services portal at bcbsga.com/mydental to use the Dental Care Cost Estimator.

FREQUENTLY ASKED QUESTIONS

When should I receive my ID card(s)?

Approximately 10-14 days after the enrollment date.

How do I know if my doctor is in the BlueCross BlueShield of Georgia (BCBSGA) network?

You can search for physicians, other health care professionals and hospitals in your network by contacting Customer Care at 1-855-397-9267 or visiting the BCBSGA online provider directory and following these easy steps:

1. Visit www.bcbsga.com
2. Click on "Find a Doctor". You may either login if you are currently registered as an online member or follow the instructions below:
3. Choose from the dropdown box under "What are you looking for". You may search by the name or specialty of the physician.
4. Next, enter either the City and State or zip code and click on the "Search" button.
5. From this screen you may sort the results by distance, alphabetically, Zagat rating or default.
6. Click on the name of the provider.
7. Click on "Insurance Plans Accepted" on the left side of the screen to see if your plan is accepted.



If I receive a bill from a doctor or hospital that I don't think I owe, what should I do?

Contact BlueCross BlueShield of Georgia (BCBSGA) 1-855-397-9267 and make sure the claim has been filed with them and you have been sent from BCBSGA the medical explanation of benefits (EOB). If the claim has not been filed contact your medical provider and request they file the claim with BCBSGA. If BCBSGA did receive the claim and you feel the claim was not processed correctly, please fax the EOB or the bill you received from your medical provider to **MSI Benefits Group**, Fax: 770-425-4722 and/ or call them at 770-425-1231 for assistance.

How long can I cover my child(ren) under my medical and dental insurance?

Dependent children are eligible until the age of 26 years unless they are offered insurance through their own employer.

If I lose my insurance card what should I do?

For lost ID cards call the BCBSGA Customer Service Number at 1-855-397-9267 or our administrative contact, **MSI Benefits Group** at 770-425-1231.

If I have a change of address who should I contact?

For a change of address you must contact the [County Human Resources Department at](#) 770-467-4231.

Can I receive services with out my ID card?

Provide your medical care provider with our group policy number (GA7679) along with the employee's Social Security Number. Most providers will be able to verify coverage with this information.

Where do I have access to policy documents, plan summaries, etc.?

You have access to view your current benefits, insurance summaries and certificates of coverage, claim forms, county news and other information at the following website:

www.benedetails.com

Portal ID = **90290**

EID = your social security number (not including dashes)

Password = Month / Date of Birth (eg. July 2 would be entered as 0702 with no year)

DESIGNER NETWORK BENEFITS INCLUDE

EXAMINATION

One eye examination, including dilation, when professionally indicated, every July 1 covered at 100% after a \$10.00 copayment.

FRAME AND SPECTACLE LENSES

One pair of spectacle lenses every calendar year, an eyeglass frame every other July 1; you may choose a frame from the Davis Vision "Designer Collection" (a \$175.00 retail value) covered at 100% after a \$10.00 copayment; or a \$130 CREDIT plus a 20% discount on any overages toward a network provider's frame. In addition, many lens types and coatings (all ranges of prescriptions and sizes, glass or plastic, oversize lenses, fashion and gradient tinting, glass grey prescription sunglasses, scratch-resistant coating and polycarbonate lenses for dependent children, etc.) ARE INCLUDED while others are offered at significantly discounted prices. An Ultra Progressive Lens Option will have a \$140 copayment.

CONTACT LENSES (in lieu of eyeglasses)

Standard soft, daily-wear; disposable or planned replacement contact lenses covered at 100% including the contact lens fitting/evaluation fees from the Davis Vision contact lens Formulary every July 1 after a \$10.00 copayment; or a \$130 CREDIT plus a 15% discount on any overage toward contact lenses from a network provider's own supply (which may or may not apply toward fitting/evaluation fees).

OUT OF NETWORK COVERAGE

Reimbursement up to the plan maximums for an eye examination and eyewear.

DISCOVER THE VALUE.....WITH THE DAVIS VISION BENEFIT*

	AVERAGE RETAIL COST	YOU PAY	YOU SAVE
Examination (including dilation)	\$75	\$10	\$65
Eyewear (Frame and bifocal lenses)	\$100-\$175	\$10	\$90-\$165
Tints	\$20	\$0	\$20
Warranty	\$75	\$0	\$75
Total	\$270-\$345	\$20	\$250-\$275

*Savings based on in-network usage

USING THE BENEFIT IS AS EASY AS...

- Call the network provider of your choice and schedule an appointment.
- Identify yourself as a Davis Vision plan participant.
- Provide the office with the member's ID number and the name and date of birth of any covered children needing services.

The provider's office will verify your eligibility for services, and no claim forms are required.

CONVENIENT ACCESS TO PROVIDERS

Our licensed providers are extensively reviewed and credentialed to ensure that stringent standards for quality service are maintained. Please call 1-800-999-5431 to access the Interactive Voice Response (IVR) Unit, which will supply you with the names and addresses of the network providers nearest you or you may access our website at www.davisvision.com and utilize our "Find a Doctor" feature.

OUT-OF-NETWORK BENEFITS

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

VISION CARE PROCESSING UNIT
P.O. BOX 1525
LATHAM, NY 12110

You will be reimbursed up to \$40 for an eye examination, up to \$40 for frames, up to \$40 for single vision lenses, up to \$60 for bifocals, up to \$90 for trifocals, up to \$100 for lenticular lenses, up to \$90 for elective contact lenses, or up to \$225 for medically necessary contact lenses.

FOR MORE INFORMATION

Please visit the open enrollment section of Davis Vision's website: www.davisvision.com and enter client control code 2321 or call 1-800-999-5431 with questions. Davis Vision Member Service Representatives are available:
Monday -- Friday, 8 am to 11 pm
Saturday, 9 am to 4 pm
Sunday, 12 pm to 4 pm
E A S T E R N T I M E
Participants who use a TTY (Teletypewriter) because of a hearing or speech disability may access TTY services by calling 1.800.523.2847.

EMPLOYEE DEDUCTIONS

Semi-Monthly (24 / year)

MEMBERS COVERED	EMPLOYEE COST
Employee Only	\$0.00
Employee + One Dependent	\$2.66
Employee + Two or More Dependents	\$5.98



BASIC TERM LIFE and AD&D INSURANCE

The death of a family provider can mean that a family will not only find itself facing the loss of a loved one, but also the loss of financial security. With our Group Term Life plan, an employee can achieve peace of mind by giving their family the security they can depend on.

ELIGIBILITY

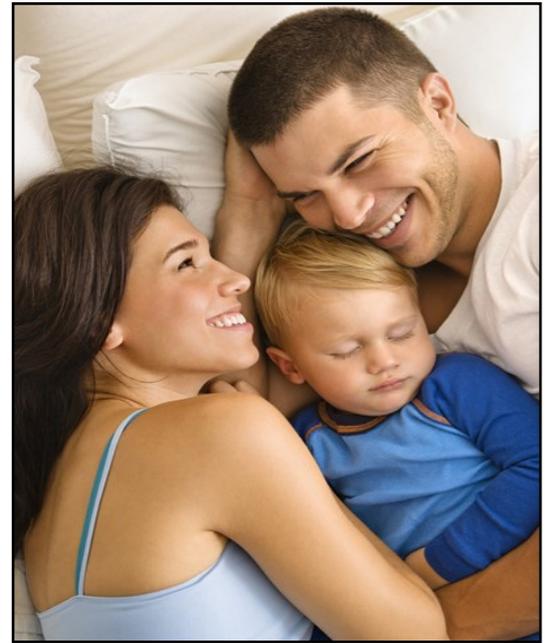
Class 1 - All Active Full Time Employees, all Spalding County elected officials and employees of the Spalding County Development Authority in active employment in the United States with the Employer.

BENEFIT

1 times annual salary to a maximum of \$50,000.

CONTRIBUTION

Spalding County pays 100% of the cost for your coverage.



ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

Group Accidental Death & Dismemberment (AD&D) is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is 24-hour coverage.

AD&D benefits include Seat Belt Rider, Airbag Rider, Education, Repatriation benefit, Line of Duty and common carrier.

AD&D SCHEDULE OF LOSS*	SUM PRINCIPAL
Loss of Life	100%
Loss of Both Hands or Both Feet	100%
Loss of One Hand and One Foot	100%
Loss of Speech and Hearing	100%
Loss of Sight of Both Eyes	100%
Loss of One Hand and the Sight of One Eye	100%
Loss of One Foot and the Sight of One Eye	100%
Loss of Sight of One Eye	50%
Loss of One Hand or One Foot	50%
Loss of Speech of Hearing	50%
Loss of Thumb and Index Finger of Same Hand	25%

ACCELERATED DEATH BENEFIT (ADB)

Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.

AGE REDUCTION SCHEDULE

Life and AD&D benefits reduce by 35% of the original amount at age 70, and further reduce to 50% at age 75. All benefits terminate at retirement.

Actively at Work

Your life insurance policy will terminate if you have not been ACTIVELY AT WORK within the last **six months**. To continue coverage you must elect a portability or conversion option with 30 days of your coverage terminating.

SUPPLEMENTAL TERM LIFE INSURANCE



LIFE INSURANCE AMOUNT

Employee: Increments of \$10,000 to a maximum of \$500,000.

Not to exceed seven times annual salary.

Spouse: Increments of \$5,000 to a maximum of \$100,000.

Not to exceed 100% of employee's elected amount.

Child: \$10,000



GUARANTEED ISSUE AMOUNT

Employee: \$100,000

Spouse: \$ 30,000

Child: \$ 10,000

(Children are eligible from age 15 days until they reach 26 years)

BENEFIT REDUCTION SCHEDULE

Benefit reduces to 65% of original amount at age 70 and to 50% of original amount at age 75.

WAIVER OF PREMIUM (IF DISABLED)

If you become totally disabled under age 60 and meet other eligibility requirements, Life insurance coverage may continue under the Waiver provision without premium payments until Age 65.

Actively at Work:

Your life insurance policy will terminate if you have not been ACTIVELY AT WORK within the last **six months**. To continue coverage you must elect a portability or conversion option with 30 days of you coverage terminating.

EMPLOYEE LIFE OPTIONS		SEMI-MONTHLY DEDUCTIONS (24 / Year)								
AGE	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$10,000	\$0.35	\$0.40	\$0.60	\$0.90	\$1.45	\$2.45	\$3.95	\$5.25	\$8.30	\$14.50
\$20,000	\$0.70	\$0.80	\$1.20	\$1.80	\$2.90	\$4.90	\$7.90	\$10.50	\$16.60	\$29.00
\$30,000	\$1.05	\$1.20	\$1.80	\$2.70	\$4.35	\$7.35	\$11.85	\$15.75	\$24.90	\$43.50
\$40,000	\$1.40	\$1.60	\$2.40	\$3.60	\$5.80	\$9.80	\$15.80	\$21.00	\$33.20	\$58.00
\$50,000	\$1.75	\$2.00	\$3.00	\$4.50	\$7.25	\$12.25	\$19.75	\$26.25	\$41.50	\$72.50
\$60,000	\$2.10	\$2.40	\$3.60	\$5.40	\$8.70	\$14.70	\$23.70	\$31.50	\$49.80	\$87.00
\$70,000	\$2.45	\$2.80	\$4.20	\$6.30	\$10.15	\$17.15	\$27.65	\$36.75	\$58.10	\$101.50
\$80,000	\$2.80	\$3.20	\$4.80	\$7.20	\$11.60	\$19.60	\$31.60	\$42.00	\$66.40	\$116.00
\$90,000	\$3.15	\$3.60	\$5.40	\$8.10	\$13.05	\$22.05	\$35.55	\$47.25	\$74.70	\$130.50
\$100,000	\$3.50	\$4.00	\$6.00	\$9.00	\$14.50	\$24.50	\$39.50	\$52.50	\$83.00	\$145.00
\$110,000	\$3.85	\$4.40	\$6.60	\$9.90	\$15.95	\$26.95	\$43.45	\$57.75	\$91.30	\$159.50
\$120,000	\$4.20	\$4.80	\$7.20	\$10.80	\$17.40	\$29.40	\$47.40	\$63.00	\$99.60	\$174.00
\$130,000	\$4.55	\$5.20	\$7.80	\$11.70	\$18.85	\$31.85	\$51.35	\$68.25	\$107.90	\$188.50
\$140,000	\$4.90	\$5.60	\$8.40	\$12.60	\$20.30	\$34.30	\$55.30	\$73.50	\$116.20	\$203.00
\$150,000	\$5.25	\$6.00	\$9.00	\$13.50	\$21.75	\$36.75	\$59.25	\$78.75	\$124.50	\$217.50
\$200,000	\$7.00	\$8.00	\$12.00	\$18.00	\$29.00	\$49.00	\$79.00	\$105.00	\$166.00	\$290.00
\$300,000	\$10.50	\$12.00	\$18.00	\$27.00	\$43.50	\$73.50	\$118.50	\$157.50	\$249.00	\$435.00
\$400,000	\$14.00	\$16.00	\$24.00	\$36.00	\$58.00	\$98.00	\$158.00	\$210.00	\$332.00	\$580.00
\$500,000	\$17.50	\$20.00	\$30.00	\$45.00	\$72.50	\$122.50	\$197.50	\$262.50	\$415.00	\$725.00
SPOUSE LIFE OPTIONS		SEMI-MONTHLY DEDUCTIONS (24 / Year)								
AGE	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$5,000	\$0.18	\$0.20	\$0.30	\$0.45	\$0.73	\$1.23	\$1.98	\$2.63	\$4.15	\$7.25
\$10,000	\$0.35	\$0.40	\$0.60	\$0.90	\$1.45	\$2.45	\$3.95	\$5.25	\$8.30	\$14.50
\$15,000	\$0.53	\$0.60	\$0.90	\$1.35	\$2.18	\$3.68	\$5.93	\$7.88	\$12.45	\$21.75
\$20,000	\$0.70	\$0.80	\$1.20	\$1.80	\$2.90	\$4.90	\$7.90	\$10.50	\$16.60	\$29.00
\$25,000	\$0.88	\$1.00	\$1.50	\$2.25	\$3.63	\$6.13	\$9.88	\$13.13	\$20.75	\$36.25
\$30,000	\$1.05	\$1.20	\$1.80	\$2.70	\$4.35	\$7.35	\$11.85	\$15.75	\$24.90	\$43.50
\$35,000	\$1.23	\$1.40	\$2.10	\$3.15	\$5.08	\$8.58	\$13.83	\$18.38	\$29.05	\$50.75
\$40,000	\$1.40	\$1.60	\$2.40	\$3.60	\$5.80	\$9.80	\$15.80	\$21.00	\$33.20	\$58.00
\$45,000	\$1.58	\$1.80	\$2.70	\$4.05	\$6.53	\$11.03	\$17.78	\$23.63	\$37.35	\$65.25
\$50,000	\$1.75	\$2.00	\$3.00	\$4.50	\$7.25	\$12.25	\$19.75	\$26.25	\$41.50	\$72.50
\$60,000	\$2.10	\$2.40	\$3.60	\$5.40	\$8.70	\$14.70	\$23.70	\$31.50	\$49.80	\$87.00
\$70,000	\$2.45	\$2.80	\$4.20	\$6.30	\$10.15	\$17.15	\$27.65	\$36.75	\$58.10	\$101.50
\$75,000	\$2.63	\$3.00	\$4.50	\$6.75	\$10.88	\$18.38	\$29.63	\$39.38	\$62.25	\$108.75
\$80,000	\$2.80	\$3.20	\$4.80	\$7.20	\$11.60	\$19.60	\$31.60	\$42.00	\$66.40	\$116.00
\$90,000	\$3.15	\$3.60	\$5.40	\$8.10	\$13.05	\$22.05	\$35.55	\$47.25	\$74.70	\$130.50
\$100,000	\$3.50	\$4.00	\$6.00	\$9.00	\$14.50	\$24.50	\$39.50	\$52.50	\$83.00	\$145.00
DEPENDENT CHILD(REN) LIFE RATE										
\$10,000 Life Insurance Semi-Monthly Cost = \$0.35										



VOLUNTARY SHORT TERM DISABILITY

Below is a brief description of the Voluntary Short-Term Disability insurance coverage underwritten by Greater Georgia Life. The summary highlights some of the features of the Policy, but it is not intended to be a detailed description of coverage. Certificates, which will be available at the Human Resources Department, include the full text of the definitions, exclusions, limitations, reductions and terminating events that apply to the Policy. Only the Master Policy contains all the controlling terms and provisions of coverage.



SHORT TERM DISABILITY insurance is designed to provide income protection in the form of a fixed monthly benefit during periods of disability occurring as a result of a covered accident or sickness. Coverage is not provided for basic hospital, basic medical-surgical or major medical expenses.

ELIGIBILITY: All Active Full-Time Employees working 30 hours or more per week

BENEFITS: Plan replaces **60%** of your Basic Weekly Earnings **up to a maximum weekly benefit of \$1,060.**

BENEFIT WAITING PERIOD: **15 Day(s)** for Accident; **15 Day(s)** for Sickness

MAXIMUM BENEFIT PERIOD: **24 Weeks**

Maternity coverage same as any other disability.

Occupational benefits are excluded.

Pre-existing conditions limitation: *Are benefits limited for Pre-existing Conditions?*

We will not pay any benefit, or any increase in benefits for a disability that results from, or is caused or contributed to by, a Pre-existing Condition, unless, at the time you become disabled:

You have not received Medical Care for the condition for 3 consecutive months while insured under The Policy; or

You have been continuously covered under The Policy for 12 consecutive months

Other income benefits: Any income you received from your employer as a result of any accumulated sick time salary continuation or paid time off, which causes the weekly benefit, plus other income benefits to exceed 100% of your weekly earnings. The amount in excess of 100% of your weekly earnings will be used to reduce the weekly

HOW TO CALCULATE YOUR INDIVIDUAL PREMIUM

To calculate your per-paycheck cost for this coverage, complete the calculations below.

Note: If your weekly salary exceeds \$1,767 use **\$1,767** as your weekly salary in the calculation.

$$\frac{\text{Annual Salary}}{\text{Annual Salary}} \div 52 = \frac{\text{Weekly Salary}}{\text{Weekly Salary}} \times 60\% = \text{Your Weekly Benefit}$$

$$\frac{\text{Your Weekly Benefit}}{\text{Your Weekly Benefit}} \div 10 = \frac{\text{Your Rate}^*}{\text{Your Rate}^*} = \text{Your Monthly Cost}$$

$$\frac{\text{Your Monthly Cost}}{\text{Your Monthly Cost}} \times 12 = \frac{\text{Annual Cost}}{\text{Annual Cost}} \div \frac{\text{\# Paychecks per Year}}{\text{\# Paychecks per Year}} = \text{Cost per Paycheck}^{**}$$

*RATES BASED ON AGE

Under 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 +
\$0.60	\$0.634	\$0.826	\$0.676	\$0.617	\$0.742	\$0.934	\$1.084	\$1.251

**Final cost may vary slightly due to rounding

For a complete Certificate of Coverage visit www.benedetails.com (instructions on page 10) or contact the Human Resources Department.

VOLUNTARY LONG TERM DISABILITY



Your Long Term Disability Benefits help to protect You from loss of income due to a Disability as defined under the Policy. Your Long Term Disability Benefits are subject to any limitations, maximums, exclusions and reductions under the policy, including any reductions by Your Deductible Sources of Income. This page provides highlights only. The Long Term Disability Insurance Certificate will contain complete details of benefits, policy provisions, limitations, etc. Long Term Disability coverage is non-occupational. This means there is no coverage for any Injury or Illness that was caused by or aggravated by any employment for pay or profit.

ELIGIBILITY

All Active Full Time Employees working 40 hours a week, all Spalding County elected officials and employees of the Spalding County Development Authority in active employment in the United States with the Employer.

BENEFIT PERCENTAGE

60% of Basic Monthly Earnings.

Gross monthly rate of earnings from the employer excluding overtime pay, commissions & bonuses.

BENEFIT WAITING PERIOD

180 days

MAXIMUM MONTHLY BENEFIT

\$6,000 per month

MINIMUM MONTHLY BENEFIT

Greater of \$100 or 10% of the gross Monthly Benefit

MAXIMUM BENEFIT PERIOD

For as long as you remain disabled, or until you reach your Social Security Normal Retirement Age

Guaranteed Issue

Coverage is Guaranteed Issue at initial offering only.

Pre-existing Condition Limitation (6/6/12):

This limitation applies to conditions for which an employee receives medical services within 6 months of the effective date of coverage. No benefits are payable for a disability resulting from such a condition until the employee has been covered for 6 consecutive months with no medical care for the condition, or until the employee has been covered for 12 consecutive months. In addition, the amount of a benefit increase, which results from a change in benefit options, a change of class or a change in the Plan, will not be paid for any Disability that is due to, contributed to by, or results from a Pre-Existing condition.



HOW TO CALCULATE YOUR INDIVIDUAL PREMIUM

To calculate your per-paycheck cost for this coverage, complete the calculations below.

$$\frac{\text{Annual Salary}}{\text{Annual Salary}} \div 100 = \text{Annual Salary} \times \frac{\text{AGE RATE}}{\text{Annual Cost}} = \text{Annual Cost}$$

(Use Table Below)

$$\frac{\text{Annual Cost}}{\text{Annual Cost}} \div \frac{24}{\# \text{ Paychecks per Year}} = \text{Cost per Paycheck*}$$

AGE RATES

Under 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60 +
\$0.144	\$0.153	\$0.342	\$0.468	\$0.576	\$0.891	\$1.269	\$1.548	\$1.296

Flexible Spending Account



100% HIPAA Privacy Protected!

What is an FSA?

An FSA is a tax-advantaged benefit plan whose funds are **exempt from taxes**. Your out-of-pocket health care expenses are eligible for reimbursement if the expenses are for medically necessary care or treatment incurred during the Plan Year. If you have dependents, your out-of-pocket expenses for their health care and treatments are eligible too!

Your MasterCard® Debit Card

Once enrolled, you will receive a MasterCard® directly linked to your FSA account to pay for your out-of-pocket health care expenses.



New! \$500 Rollover!

Your employer has added a brand new ROLLOVER feature to your FSA Plan! You no longer have to worry about losing unspent funds in your Medical Flexible Spending Account (FSA) at the end of the Plan Year! **Now, any remaining funds up to \$500 left in your Medical FSA will roll over to the new plan year.**

Your Tax Advantage

Federal, State and FICA taxes are not taken on the amount you contribute to your Health FSA. This could represent a 25% - 40% savings on your "out-of-pocket" costs for medical expenses! Below is an example of your tax savings.

Employee	Without FSA	With FSA
Gross Salary	\$36,500	\$36,500
Health FSA	\$0	\$1,000
Taxable Salary	\$36,500	\$35,500
FED/State/FICA Tax	(\$7,450)	(\$7,100)
Take Home	\$29,050	\$28,400
Your Out of Pocket	(\$1,000)	\$0
Net Take Home	\$28,050	\$28,400
Savings	\$0	\$350

FSA Store Partnership

We recently partnered with **FSA Store** and use their full-service website to increase FSA awareness for all FSA participants. **FSA Store** is the only e-commerce site exclusively stocked with FSA eligible products and services, eliminating the guesswork behind what is reimbursable by a Flexible Spending Account. **Visit www.medcom.net and click on our FSA Store banner to shop and view a full list of eligible medical expenses.**

Mobile Application

- View current balances and transactions in your FSA accounts.
- Submit new claims and view alerts.
- Opt in for customized push alerts showing account activity, date reminders, claim status, balance alerts, and confirmation of changes made to your account.
- Data is sent to your phone via secure, encrypted transmissions to protect your privacy.
- Smartphone users may download the Medcom application from the Apple® app store or Google Play™ by searching “Medcom” in your app store.
- You can upload receipts to substantiate debit card transactions. These receipts are available for future viewing on both the mobile app and the participant portal.
- You may also submit manual claims for reimbursement of expenses that you have paid out of pocket!

Medcom’s new mobile phone applications and text messaging services provide convenient access to your healthcare benefit plans.



Help Reduce Receipt Requirements

As a participant of the Plan, you are required to substantiate certain debit card transactions to verify that the expenses or services being paid for by using the card are eligible under your Plan. Please submit receipts as requested.

IIAS - Over-The-Counter (OTC) medications and prescriptions purchased at most major pharmacy, grocery, and discount stores with your card are automatically approved by their checkout technology. You will not be asked to submit a receipt.

Recurring Transaction Expense Form - Please complete and submit this form for recurring transaction amounts that don't match a usual copayment. Visit the “Solutions” section on our website at www.medcom.net to obtain a copy of this form. After you do so, you will not be asked to submit a receipt during the remainder of the Plan Year for that item. You may be required to submit a new form each new Plan Year.

Contributions

You May contribute up to these amounts for the plan year:

- \$240 minimum for FSA
- \$2,550 maximum for your FSA
- \$5,000 for your Dependent Day Care Account (\$2,500 if married filing separately)

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Spalding County will be offering an Employee Assistance Program (EAP). **The County will be offering the EAP to employees at no cost.** The BCBSGA EAP provides solutions to help you balance work and life through confidential and easily accessible services. The EAP puts convenient resources within your reach, and that helps you – and your household members – stay healthy. EAP services include:



With BCBSGA EAP you have access to:

- **Six free visits, per concern, with a licensed counselor.** If you need further assistance we may be able to help you coordinate with available resources.
- **Assistance with legal and financial concerns.** The EAP offers access to a free legal consultation that may last for up to 30 minutes. Simply call the EAP to request legal services on virtually any issue, including matters related to criminal, civil, estate issues and more.
- **Financial Services.** The EAP offers access to a free telephonic financial consultation on topics that are important to you including bankruptcy, budgeting, taxes, estate planning, home purchases and more. Financial calculators and tools are available on the EAP website as well.
- **ID Recovery.** Specialist are available 24/7 to assess you risk level and then identify steps to resolve potential identity theft. All services are provided free of charge. Our specialist will work with you to restore your financial identity to its pre-theft status.
- **Tobacco Cessation (Online and Coaching).**
 - Online:** The EAP offers a free 10 session, online training program which will help you learn how to break the tobacco habit.
 - Coaching:** Tobacco cessation coaching is a free service provided via telephone or through instant Messaging on the EAP website.
- **Child and Elder Care Resources and Information.** You and your household members can get information on child and elder care resources such as day care, in home services, adult day care, support groups and more by contacting the EAP.
- **EAP Website.** www.bcbsga.com/youreap provides access to a variety of resources to help you balance the demands of home and work. Log on to the web for articles, guides, interactive tools, self-assessments, financial/legal resource and more.

Contact with BSBSGA EAP is confidential. Our representatives answer calls 24 hours a day, seven days a week. We recommend that you place this letter with your household resources so you'll have our number handy if you ever need it. There are no limitations on how often you can call.

EAP toll free number: 1-800-865-1044

You can also visit our website at:

www.bcbsga.com/youreap

Log in: Spalding County

SPALDING COUNTY HEALTH PLAN

Introduction

You are receiving this notice because you have recently become eligible or will soon become eligible under the **Spalding County** health plan. 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 right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child"

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice **in writing** to:

Spalding County, Wendy Law, P.O. Box 1087, Griffin, GA 30224.

CONTINUATION COVERAGE RIGHTS UNDER COBRA

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Information about the plan and COBRA continuation coverage can be obtained on request from:

Spalding County
Wendy Law
P.O. Box 1087
Griffin, GA 30224
Phone: 770-467-4231

BENEFIT ELECTIONS and COSTS

You may use this form to record your benefit elections and costs

Type of Benefit	Benefit Plan	Coverage Level / Covered Amount	Employee Cost	Employer Cost
Medical				
Dental				
Vision				
Basic Term Life and AD&D Insurance	Enrolled			
Supplemental Term Life and AD&D Insurance				
Spousal Term Life and AD&D Insurance				
Dependent Life Insurance				
Short Term Disability				
Long Term Disability				
Flexible Spending Account (FSA)				
Dependent Care Flexible Spending Account (DCA)				
Total Per Pay Cost:				
Total Annual Cost				

IMPORTANT CONTACT INFORMATION

SPALDING COUNTY

Bill Gay
Tel: 770-467-4221
Wendy Law
Tel: 770-467-4231
www.spaldingcounty.com

MEDICAL PLANS

BCBSGA
Member Services
Tel: 855-397-9267

Mail Order Prescriptions
Express Scripts
Tel: 800-293-2202

Mental Health/ Substance Abuse
Tel: 800-292-2879

BCBSGA COBRA Department
Tel: 866-800-2272
www.bcbsga.com

DENTAL PLAN

BCBSGA
Dental Member Services
Tel: 877-604-2158
BCBSGA COBRA Department
Tel: 866-800-2272
www.bcbsga.com/mydental

MSI BENEFITS GROUP, INC.

Administrative Contact
Tel: 770-425-1231
Fax: 770-425-4722
www.msibenefitsgroup.com

VISION PLAN

Davis Vision
Tel: 800-999-5431
www.davisvision.com
control code: 2321

LIFE INSURANCE

Greater Georgia Life
Tel: 800-851-8544
www.bcbsga.com

SHORT / LONG TERM DISABILITY

Greater Georgia Life
STD - Tel: 800-232-0113
LTD - Tel: 800-851-8544
www.bcbsga.com

FLEXIBLE SPENDING ACCOUNT (FSA) DEPENDENT CARE ACCOUNT (DCA)

Medcom Flex / HRA Dept.
P.O. Box 10269
Jacksonville, FL 32247-0269
Tel: 800-523-7542
Fax: 877-723-0149
Email: MedcomReceipts@emedcom.net
Online: www.emedcom.net



MSI Benefits Group
245 TownPark Drive, Suite 100
Kennesaw, GA 30144
Tel: 800-580-1629 / 770-425-1231
Fax: 800-580-2675 / 770-425-4722
www.msibenefitsgroup.com